

This is an itemized statement of expenses incurred on behalf of Concordia College.

Receipts showing method (proof) of payment must be included with this form.

Date _____

Date (Month/Day)											Total
Transportation											
Commercial											x .33
Private Auto (mileage)											
Taxi/shuttle/parking											
Lodging											
Hotel											
Other											
Meals											
Breakfast											
Noon lunch											
Evening meal											
Other											
Miscellaneous											

Total Travel Expenses:

Purpose of expense and/or place of attendance

Was an advance given?

Yes

No

\$ _____
amount of advance

REF	Fund						Org.						Account				Prog.		Activity			Amount	Check Reference
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
1																							
2																							
3																							
4																							
5																							

Vendor Number _____

Name _____

Campus PO/Department _____ or Address* _____
Street City State ZIP

This is to certify the above bill is just and correct.

Approved by department or academic dean**

Signed _____

Signed _____

Department Head/Dean

*Please use the address to which you want your check sent, if other than campus PO or department.

**Reimbursements for faculty travel must be approved by the academic dean.