

Tennessee Wesleyan College
Athens, Tennessee
TRAVEL EXPENSES

To: **Business Office**

From: _____ Department
to be charged: _____

I incurred the following expenses on the following date(s): _____

While attending: _____

Which was approved in advance by: _____

Please attach receipts for the following items:

<i>MEALS</i>	Breakfast	\$ _____	Tip(s) _____	\$ _____
	Lunch	\$ _____	Tip(s) _____	\$ _____
	Dinner	\$ _____	Tip(s) _____	\$ _____
	Per Diem (if applicable)	_____ day(s) @ \$25.00 / day		\$ _____

<i>AUTO</i>	Miles driven _____ @ \$0.45 / mile	\$ _____
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<i>TRAVEL</i>	Airfare	\$ _____
	Taxi	\$ _____
	Other (specify: _____)	\$ _____

<i>LODGING</i>		\$ _____
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<i>MISCELLANEOUS (telephone, baggage, etc.)</i>		\$ _____
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Total Expenses	\$ _____
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Signature: _____	Less Advance(s) Received	\$ _____
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Date: _____	Balance Requested	\$ _____
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Do not write below this line - Business Office use only. Do not write below this line - Business Office use only. Do not write below this line - Business Office use only.

Approved by: _____ Date: _____

Account number: _____