MARYWOOD UNIVERSITY TRAVEL EXPENSE REPORT (Please do not complete or sign in pencil)

This report must be submitted to the Cashier's Office with vendor receipts for all expenses listed (except for mileage allowance) no later than one week after attendance at event. (See travel policy on reverse side.)

PERSON ATTENDING _____ DEPARTMENT _____ DEPT # _____

EVENT _____ DATE(S) _____ PLACE _____

PLEASE CHOOSE ONE OF THE FOLLOWING:
MAIL CHECK ☐ PICK UP AT CASHIER'S OFFICE (***CHECKS WILL NOT BE SENT THROUGH CAMPUS MAIL***) ☐
PICK UP PETTY CASH (IF $100 OR LESS) AT CASHIER'S OFFICE ☐

	TRANSPORTATION				**LODGING**		**MEALS**				**MISCELLANEOUS**		
DATE	MILES	PARKING TOLLS	BUS/ TAXI	AIR-FARE	HOTEL	OTHER	BREAK-FAST	LUNCH	DINNER	REGIS FEE	DESCRIPTION	AMOUNT	TOTAL
XXXXX	XXXX	XXXXXX	XXX	XXX	XXXX	XXXX	XXXXX	XXXX	XXXXX	XXXX	XXXXXXXXX	XXXXXX	XXXX
TOTALS													

TYPE/PRINT THE NAME AND ADDRESS THAT THE CHECK WILL BE MADE PAYABLE TO: _____

_____

_____

TOTAL MILES @ CURRENT RATE _____
TOTAL REIMBURSABLE EXPENSES _____
**PLEASE CIRCLE CASH, CHECK OR IF LESS THAN $100 PETTY CASH _____
LESS CASH/CHECKS ADVANCED _____
BALANCE DUE THE UNIVERSITY _____
BALANCE DUE YOU _____

SIGNATURE _____ _____ _____ _____
PERSON ATTENDING DATE AUTHORIZED SIGNATURE FOR BUDGET DATE

TRAVEL POLICY

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