TEMPLE UNIVERSITY TRAVEL AND EXPENSE REPORT

NAME	TUid	PHONE #	DEPARTMENT	DEPT. PHONE
			CRHDE	215-204-8149

STREET ADDRESS	CITY	STATE	ZIP	☐ INDICATE CHANGE OF ADDRESS

PURPOSE OF TRAVEL OR ENTERTAINMENT	CONTACT PERSON	PHONE
TTT/ E=mc2	D. Wylie	1-9739

☐ EMPLOYEE	☑ NON-EMPLOYEE	DESTINATION	TRAVEL MODE	DEPART DATE	RET. DATE
☐ U.S. CITIZEN OR PERMANENT RESIDENT ALIEN ☐ OTHER VISA TYPE	☐ U.S. CITIZEN PERMANENT RESIDENT ALIEN ☐ OTHER VISA TYPE				

DATE	DAY	AUTOMOBILE BUSINESS MILEAGE	AUTOMOBILE MILEAGE EXPENSE	AIR OR RAIL FARE	TAXI LIMOUSINE OR PUBLIC TRANSIT	PARKING, TOLLS CAR RENTAL	LODGING (ROOM + TAX)	MISCELLANEOUS (EXPLAIN BELOW)	MEALS B	MEALS L	MEALS D	MEALS I	TOTAL
													0.00
													0.00
													0.00
													0.00
													0.00
													0.00
													0.00
													0.00
													0.00
													0.00
TOTALS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

BRIEF EXPLANATION OF MISCELLANOUS EXPENSES	AMOUNT	CORP	ACCOUNT	CENTER		SUBLEDGER	AMOUNT
Praxis I & II Test Fees							$
Child Abuse Clearance							$
Fingerprint Clearance							$
Pennsylvania State Police Clearance							$
TB Test							

TOTAL REIM-BURSED AMOUNT	$ 0.00
LIMIT ON EXPENSES	$ 0.00
LESS ADVANCE	$
AMOUNT DUE	$ 0.00

SIGNATURE OF PAYEE	DATE	APPROVAL (BUDGET UNIT HEAD) DATE	APPROVAL (DEPARTMENT HEAD) DATE
X		X	X
		PRINT NAME	PRINT NAME

I HEREBY CERTIFY THAT THE ABOVE STATEMENT OF EXPENSES WERE INCURRED BY ME WHILE ON DUTY FOR TEMPLE UNIVERSITY AND I HAVE NOT RECEIVED ANY COMPENSATION FOR THESE EXPENSES.

SEND APPROVED REPORT TO: TRAVEL REIMBURSEMENT CENTER
WACHMAN HALL, 10TH FLOOR
TU ZIP 038-26