

**EMORY UNIVERSITY  
ACCOUNTS PAYABLE OFFICE  
TRAVEL EXPENSE REPORT**

Type or print legibly

Name of Traveler: \_\_\_\_\_  
Employee ID #: \_\_\_\_\_  
Campus Address: \_\_\_\_\_  
\_\_\_\_\_

Dept. Name: \_\_\_\_\_  
Dept. # / Subdept: \_\_\_\_\_  
Destination: \_\_\_\_\_  
Trip Date: from: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Purpose of Trip: \_\_\_\_\_  
\_\_\_\_\_  
Are you on Direct Deposit for Payroll? YES \_\_\_\_ NO \_\_\_\_

**Is this payment to or on behalf of a non-U.S. citizen or non-permanent resident? YES \_\_\_\_\_ NO \_\_\_\_\_**  
If YES, you must use Form 4. See the University's Payments Made to Nonresident Aliens Policy and Procedure Manual for more information.

**EXPENSE DETAILS**

|                        | Receipts Attached |    | Total Expenses | Expenses Charged on Travel Card | Less Prepaid Expenses | Net Expenses | <b>CHECK DISPOSITION</b><br>____ Direct Deposit<br>____ Pickup B. Jones Bldg., 1 <sup>st</sup> Floor<br>____ U.S. Mail<br>____ Campus Mail |
|------------------------|-------------------|----|----------------|---------------------------------|-----------------------|--------------|--|
|                        | YES               | NO |                |                                 |                       |              |  |
| Airfare                | *                 |    | \$             | \$                              | \$                    | \$           |  |
| Auto Rental            | *                 |    |                |                                 |                       |              |  |
| Personal Auto          |                   |    |                |                                 |                       |              | Mileage = _____<br>X _____ cents<br>\$ _____   |
| Lodging                | ***               |    |                |                                 |                       |              |  |
| Meals/Tips             | **                |    |                |                                 |                       |              |  |
| Taxi/Limo/Bus          | **                |    |                |                                 |                       |              |  |
| Telephone              | *                 |    |                |                                 |                       |              | <b>Account Number to be Charged</b>  |
| Parking                | **                |    |                |                                 |                       |              |  |
| Miscellaneous          | **                |    |                |                                 |                       |              | - - - - - 6100<br>- - - - - 6100<br>- - - - - ****<br>- - - - - 6600<br>- - - - - 6510<br>- - - - -  |
| <b>Subtotal Travel</b> |                   |    |                |                                 |                       |              |  |
| Registration Fee       | *                 |    |                |                                 |                       |              |  |
| Alcoholic Bev.         | **                |    |                |                                 |                       |              |  |
| <b>Totals</b>          |                   |    | \$             | \$                              | \$                    | \$           |  |

Less Travel Advance Received: \$ < \_\_\_\_\_ >  
Amount Due Traveler: \$ \_\_\_\_\_  
Amount Due University: \$ \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_

The undersigned traveler understands that, due to IRS requirements, no reimbursement will be made for any single charge over \$25.00 unless a receipt is furnished. Failure to furnish such receipts is certification that no such charge is included in this Travel Report.

Traveler's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
Approver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Direct all specific inquiries to A/P Travel Desk 727-6090  
\*Receipts Required (Except Registration Fees Prepaid by Accounts payable)  
\*\* Receipts Required for All Individual Items Over \$25.00  
\*\*\* Itemized Hotel/Motel Receipts Required  
\*\*\*\* Foreign Travel (6200)

| <b>Accounts Payable Use Only</b> |             |
|----------------------------------|-------------|
| Pre-Audit:                       | Post Audit: |
| OGCA Review:                     |             |
| Processed By:                    |             |