# Alamo Colleges
# Travel Expense Statement

| Traveler Name: | | Traveler ID (VIN): | | Campus: | |
|---|---|---|---|---|---|
| Department: | | Phone# or email | | Initiator : | |
| Did Traveler receive a travel advance for this trip?   Yes | | | No | Date: | |
| Travel Advance Document #: | | | | Current Document #: | |
| Amount of Travel Advance: | $              - | | Amount Paid by 3rd Party Org. or Grant: | | |

| **Item 1:** | **Purpose for trip, destination , date, etc:** |
|---|---|
| **Description:** | |

**Item 2:**  **Prepaid expenses paid directly by District**

| Date | Description | Banner Document #: | | Amount |
|---|---|---|---|---|
| | Registration via Direct pay (71654) | | | |
| | Airfare via Travel Agency/Executive Card (73013 USA, 73002 INTL) | | | |
| | Lodging via purchase order/Executive Card (73015 USA, 73004 INTL) | | | |
| | Vehicle Rental via Purchase Order (73014 USA, 73003 INTL) | | | |
| | | | **Total for Item 2:** | - |

**Item 3:**  **Reimbursable Expenses  -  Itemized by DAY (Attach all itemized receipts except per diem meals)**

| Date | Airfare (73013 USA) (73002 INTL) | Lodging (73015 USA) (73004 INTL) | Meals Actuals- Per diem (73016 USA) (73005 INTL) | Transportation *(73011, 73012) (73014 RENTAL USA) (73003 RENTAL INTL) | Other (73017 USA) (73006 INTL) Registration (71654) | Description | Amount |
|---|---|---|---|---|---|---|---|
| | | | | | | | - |
| | | | | | | | - |
| | | | | | | | - |
| | | | | | | | - |
| | | | | | | | - |
| | | | | | | | - |
| | | | | | | | - |
| Less amount for meals provided at no additional cost | | | $0.00 | | | | $     - |
| **Total** | $     - | $     - | $     - | $     - | $     - | **Total for Item 3:** | $     - |

*Note: 73011-Local Mileage, 73012-Out of town Travel,73014/73003-Rental-Taxi-Shuttle, 73017/73006-Not of the norm Items, 71654-Registration.

| **Item 4:** | **Summary of Reimbursement** |
|---|---|

| **Total Trip Expense:** | | NOTE: Enter Total of Item 3 For Direct Pay. | |
|---|---|---|---|
| Prepaid Total Item 2: | - | → Total of Item 3: | - |
| Reimbursable Total Item 3: | - | Less Travel Advance and/or 3rd Party: | - |
| Grand Total: | $              - | **Due To (From) Employee**  $          - | |

I hereby certify that the above is a true account of only the ordinary and necessary business expenses incurred by me for the period indicated. None of the expenses are eligible for reimbursement from any other sources, I have not previously requested nor will I again request reimbursement for these expenses.

Signed _____     Printed Name _____

Approved _____     Date _____
Printed Name _____