

**STILLMAN COLLEGE
TRAVEL EXPENSE REPORT**

Name of Payee

Date of Trip

Destination

Account Number

For travel expenses as itemized below, or account of following trip. I certify that the amount given herein is correct and just: that the expenses were occasioned by official college business; that the trip was performed with all practicable dispatch by the shortest route usually travelled; and that I have not been furnished with transportation or money in lieu thereof, for any part of the trip herein charged for.

Check #

Signature of Payee

Signature of Vice President

Categories	Amount Received	Amount Spent	Amount Due
Airfare	\$ _____	\$ _____	\$ _____
Hotel	\$ _____	\$ _____	\$ _____
Per Diem	\$ _____	\$ _____	\$ _____
Rental	\$ _____	\$ _____	\$ _____
Airport Parking	\$ _____	\$ _____	\$ _____
Mileage	\$ _____	\$ _____	\$ _____
Gas	\$ _____	\$ _____	\$ _____
Baggage	\$ _____	\$ _____	\$ _____
Public Carrier (taxi)	\$ _____	\$ _____	\$ _____
Registration	\$ _____	\$ _____	\$ _____

Total Amount Received: \$ _____

Total Amount Spent: \$ _____

Amount due to Traveler: \$ _____

Amount due to College: \$ _____

PLEASE ATTACH ALL RECEIPTS WHEN SUBMITTING THIS FORM