Statement of Travel Expense

DEPARTMENT	**DEPARTMENT CODE**	**Approved**
	OBJECT CODE	**TAR Date**
NAME	**TITLE**	**Reimbursement will not be processed w/o approved TAR attached**

PURPOSE OF TRIP:			
POINTS TRAVELED TO:		**DATES:**	
TRANSPORTATION BY: ☐ COMMON CARRIER	☐ PERSONAL CAR	☐ UNIVERSITY VAN/FLEET MANAGEMENT	
COMMON CARRIER NAME (if applicable)**:**			
Mileage Worksheet:			

DATE	DEPARTED FROM (Location)	ARRIVED AT (Location)	Miles

EXPENSES CHART: *Listing dates of trip across the top of this chart, please fill in expenses by category for each day. Please note tip limitations. Highlight expenses that were prepaid by the university or where funds were advanced. Total your pre-paid or funds advanced items total in the Funds advanced box below to complete the calculations for reimbursement. If there is an adjustment needed (ie: trip over maximum reimbursement allowance, over contracted conference allowance, etc.) please enter the amount in the adjustment box. All receipts must be attached, along with mileage support and approved TAR.*

REPORT PERIOD DATES							TOTAL
MILEAGE $0.725 PER MILE (as of 2/2/26)							0
AIR/TRAIN FARE							0
AIRPORT LIMOUSINE/SHUTTLE							0
PUBLIC TRANSPORTATION							0
TAXI/UBER/LYFT --- When Allowed							0
HOTEL/MOTEL							0
BREAKFAST							0
LUNCH							0
DINNER							0
TIPS (for meals up to 20% of cost before tax)							0
TELEPHONE -- Business Only							0
REGISTRATION FEE							0
PARKING							0
BRIDGE, TUNNEL TOLL							0
TURNPIKE TOLL							0
TIPS (other than meals 10% of cost before tax)							0
MISCELLANEOUS (itemize)							0
TOTALS	0	0	0	0	0	0	0

Pre-paid/Funds Advanced	
Amount Due (Owed)	0
Adjustment	
Total Amount to be Reimbursed to Traveler	0

Signature of Traveler

Date Submitted

REMARKS:

Rev 05/20/26