

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: _____

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.

Are you on Direct Deposit for Payroll? YES ☐ NO ☐**EXPENSE DETAILS**

	Receipts Attached		Total Expenses	Expenses Charged on Travel Card	Less Prepaid Expenses	Net Expenses
	YES	NO				
Airfare	* ☐	☐	\$	\$	\$	\$
Auto Rental	* ☐	☐				
Personal Auto	☐	☐				
Lodging	*** ☐	☐				
Meals/Tips	** ☐	☐				
Taxi/Limo/Bus	** ☐	☐				
Telephone	* ☐	☐				
Parking	** ☐	☐				
Miscellaneous	** ☐	☐				
Subtotal Travel						
Registration Fee	* ☐	☐				
Alcoholic Bev.	** ☐	☐				
Totals			\$	\$	\$	\$

CHECK DISPOSITION

☐ Direct Deposit
☐ Pickup 1599 Bldg, 1st Floor
☐ U.S. Mail
☐ Campus Mail

Mileage = _____
X _____ cents
\$ _____

Smartkey # to be Charged

_____ - 56100
_____ - 56100
_____ - ****
_____ -
_____ - 56510
_____ -

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: _____

Approved By: _____

Approver's Signature: _____

Phone Number: _____

_____ Date

_____ Date

Direct all specific inquiries to A/P Travel Desk 727-5400
 *Receipts Required (Except Registration Fees Prepaid by Accounts payable)
 ** Receipts Required for All Individual Items Over \$75.00
 *** Itemized Hotel/Motel Receipts Required
 *****Foreign Travel (6200)

Accounts Payable Use Only	
Pre-Audit:	Post Audit:
OGCA Review:	
Processed By:	