NAME OF TRAVELER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MONTH ENDING\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| DATE | EXPLANATION OF TRAVEL | MILEAGE | MISCELLANEOUS |
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TOTAL MILES \_\_\_\_\_\_\_\_\_\_\_\_ - $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MISCELLANEOUS - $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL AMOUNT DUE - $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF TRAVELER DATE

APPROVED (DEPARTMENT CHAIR) DEPARTMENT NUMBER

APPROPRIATE DEAN DATE DUE IN BUSINESS OFFICE

THIS FORM MUST BE COMPLETED AND TURNED INTO THE BUSINESS OFFICE NOT LATER THAN 5 WORKING DAYS AFTER THE END OF THE MONTH.