

Centenary College of Louisiana
Travel Expense Statement

A copy of this report is to be sent to the Business Office within 5 days after returning from the trip.

Date _____

Name _____ Title _____

Name of Meeting/Conference _____

Dates of Meeting/Conference _____

Location _____

Persons included in expenses below: _____

EXPENSES

Travel FOAPAL:

	Fund	Org	Account	Program
Mileage _____ \$0.535 per mile	\$ _____			
Transportation (taxi, plane, etc)	\$ _____			

Travel Lodging FOAPAL:

	Fund	Org	Account	Program
Hotel	\$ _____			

Travel Registration FOAPAL:

	Fund	Org	Account	Program
Registration Fee	\$ _____			

Entertainment/Meals FOAPAL:

	Fund	Org	Account	Program
Entertainment/Meals	\$ _____			

Total \$ _____ **Total Amount Approved** \$ _____

Amount of Advances \$ _____

Total Reimbursement \$ _____

ATTACH ORIGINAL RECEIPTS TO THIS REPORT

Signature _____ Approved _____