

CENTRAL STATE UNIVERSITY
Travel Expense Report
TRAVEL EXPENSE DETAILS

Procard Holder Name:		Organization Title:			Organization Fund No:			
Travelers Name:				Destination:				
Procard Statement Date:				Dates of Travel:				
Purpose of Travel:				Amount Authorized:				
		DATE:						
DESCRIPTION	Totals	Day #1	Day #2	Day #3	Day #4	Day #5	Day #6	Day #7
<i>Lodging daily rate</i>	\$0.00							
<i>Room tax</i>	\$0.00							
<i>Occupancy tax</i>	\$0.00							
<i>Other:</i>	\$0.00							
Total Lodging	\$0.00							
<i>POV Miles driven</i>								
Total POV (x .58/mile)	\$0.00							
Total Airfare	\$0.00							
Seating Cost	\$0.00							
Baggage	\$0.00							
Ground Transportation Type								
<i>Rental Rate</i>	\$0.00							
<i>GAS</i>	\$0.00							
<i>Taxi, Uber, Lyft</i>	\$0.00							
Total Ground Transportation	\$0.00							
Total Meals								
Breakfast								
Lunch								
Dinner	\$0.00							
Other								
<i>Meals subtotal per day</i>		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<i>Adjustments</i>	\$0.00							
<i>Subtotal after adjustment</i>								
Conference Registration	\$0.00							
Parking	\$0.00							
Tolls	\$0.00							
Tips	\$0.00							
Other:	\$0.00							
Daily Subtotals:		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Expenses:	\$0.00							
Amount Prepaid by CSU:	\$0.00							
Amount authorized:	\$0.00							
Amount Authorized:	\$0.00							
Total Expenses:	\$0.00							
Prepaid by CSU:	\$0.00							
POs - issued for Procard								
**Amount due traveler:	\$0.00							
Pos- issued for reimbursement								

**If monies due to traveler, traveler must complete a Request for Reimbursement Form and attach to TER for payment.

Signature _____ **Date** _____

Approval _____ **Date** _____