|  |  |  |
| --- | --- | --- |
|  Employee Name: | Organization: | Organization Fund No: |
| Date of Travel: | Destination: |
| Purpose of Travel: | Amount Authorized: |

**CENTRAL STATE UNIVERSITY**

**Travel Expense Report**

**TRAVEL EXPENSE DETAILS**

****

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Date \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Organization/Area Manager)**