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

**CENTRAL STATE UNIVERSITY**

**Travel Expense Report**

**TRAVEL EXPENSE DETAILS**

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

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

**(Organization/Area Manager)**