**CENTRAL STATE UNIVERSITY**

**Travel Expense Report**

|  |  |  |
| --- | --- | --- |
| Procard Holder Name: | Organization Title: | Organization Fund No: |
| Travelers Name: | Destination: |
| Procard Statement Date: | Dates of Travel: |
| Purpose of Travel: | Amount Authorized: |

**TRAVEL EXPENSE DETAILS**

****

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

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