**CENTRAL STATE UNIVERSITY**

**Travel Expense Report**

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| --- | --- | --- | --- |
| 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**

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

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