


TRAVEL EXPENSE REPORT



Please refer to Children's Hospital Travel Policy stored under Intranet/Workspace/Finance/Travel Policy, which has guidelines that apply to all business travel.

Traveler Name _____		Employee ID # _____		Ext. _____	
Mailing Address _____					
City _____		State _____	Zip _____		- _____
Department _____			Position _____		
Purpose of Trip _____					
Destination _____ (City / State / Foreign Country)		Date of Departure _____		Date of Return _____	
EXPENSES <i>(Please attach original receipts & itemized bills)</i>				Paid by Employee	Prepaid by Hospital
Transportation - Air - Between _____ and _____ Round trip <input type="checkbox"/> Yes <input type="checkbox"/> No				\$ _____	\$ _____
<i>Airline Ticket Class:</i> _____					
<i>Other (specify)</i> _____					
Lodging <i>(specify gratuities)</i> _____					
Meals <i>(actual cost up to daily maximum)</i> _____					
Seminar / Meeting fees _____					
Other expenses <i>(itemize ground transportation, etc.)</i> _____					
Traveler's Signature _____ Date _____				Total Expenses \$ _____	\$ _____
				Total Authorized \$ _____	
				Grand Total Trip Expense (Prepaid & Paid by Employee) \$ _____	
				Less: Advance Received / Prepaid \$ _____	
				Amount Due to/from Employee \$ _____	

CHARGE TO:

BUSINESS UNIT (GENFD, IDEFD, RSTFD, MEDCR, WALMC)	ACCOUNT	DEPT. ID	PROJECT ID	PRODUCT	AMOUNT
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APPROVALS If this travel is being charged to a sponsored research fund or other grant, contract or written agreement, the PI's or authorized administrator's approval signature is certification that the traveler has worked on this project and that the trip is appropriate to the project.

	SIGNATURE	PRINT LAST NAME	EMPLOYEE ID # <small>6 DIGIT</small>	DATE
Manager				
Director				
Vice President				
Restricted Funds (RSTFD/IDEFD)				