

**OAKWOOD UNIVERSITY**

**TRAVEL REPORT**

**(Submit to the Accounting Office within one week after trip)**

NAME \_\_\_\_\_ SSN EX ID# \_\_\_\_\_ DATE \_\_\_\_\_

TRIP DATE: From: \_\_\_\_\_ to \_\_\_\_\_ LOCATION \_\_\_\_\_

TYPE OF MEETING \_\_\_\_\_

BUDGET # CHARGED: Institution: \_\_\_\_\_

Federal: \_\_\_\_\_

**EXPENSES:**

P0139M11:) BTri33j

Hotel/Motel Bills (Receipt Required) \_\_\_\_\_

Per Diem \_\_\_\_ days(s) at \$ 39.00 per day \_\_\_\_\_

Registration Fees (Receipt Required) \_\_\_\_\_

Other Expenses (Itemized):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL EXPENSES: \$ \_\_\_\_\_

Less Travel Advance (Check No. \_\_\_\_\_) \$ \_\_\_\_\_

BALANCE DUE: (University: \_\_\_\_\_ Employee: \_\_\_\_\_) \$ \_\_\_\_\_

\_\_\_\_\_

APPROVED BY: \_\_\_\_\_  
Department/Division Head

\_\_\_\_\_  
University Officer/President

**(PLEASE ATTACH ALL NECESSARY RECEIPTS)**

\_\_\_\_\_