St. Thomas University
16401 N.W. 37th Avenue
Miami Gardens, Fl 33054

TRAVEL/MISCELLANEOUS EXPENSE F O R M

Name: _____ **From:** _____ _____ _____ _____
Month Day Year Time Departing

Destination: _____ **Through:** _____ _____ _____ _____
Month Day Year Time of Arrival

Nature of Meeting:
_____
_____
_

Approximate Cost:
Mileage .58 cents per mile x _____ = $ _____ **Registration** $ _____
Meals _____ **Lodging** _____
(Based upon established per diem) **Air Fare** _____
Cash Advance Requested:
ρ Yes ρ No By: _____ / _____ / _____ **Budget #**
_____

Date	Per Diem or Actual Meals	Transportation Expenses	Lodging Expenses	Incidental Expenses	TOTAL
SUN					
MON					
TUE					
WED					
THR					
FRI					
SAT					
SUBTOTAL					

TOTAL EXPENSES: $ _____
Less Personal Expenses: (_____)
Less Travel Advance (_____)
Net Due S.T.U: $_____

Signature: _____ **Date** _____

Supervisor: _____ **Date** _____ **Net Due Traveler $** _____