

**Washington University in St. Louis
Travel Expense Statement**

Document #

Name		Destination				
Address (a)		Start Date	End Date			
Purpose for trip						
	Date	Date	Date	Total		
Meals:						
Breakfast						
Lunch						
Dinner						
Other						
Alcoholic Beverages (36-87)						
1	Total Meals (b)					
2	Airfare					
3	Lodging					
4	Automobile Rental / Gas					
5	Mileage	Rate	Miles			
6	Registration Fees (36-05)					
7	Ground Transportation / Parking					
8	Telephone / Internet					
9	Tips (exclude tips included with line 1 & 10)					
10	Entertainment/Bus Exp. (35-53) (c)					
11	Other Travel (36-87)					
12						
13						
EXPENSES BY ACCOUNT				Total Expenses		
AMOUNT	LC	DEPT	BUOB	SR CODE	FUND	Less Non-WU Reimbursement
						Subtotal
						Department Limit (if applicable)
						Less:
						TA # & Amount
						TA # & Amount
						Other Reimbursement Amount
						I owe Washington University
						Washington University owes me
Signature and Approval				Remarks (not printed on check)		
Signatures certify that costs incurred for the trip comply with all aspects of the Travel Policy and/or any sponsoring agency requirements, if applicable.				___ Presentation by traveler. ___ Meeting attendance benefited the scientific nature of the grant. It was important for the progress of research being conducted in the PI laboratory.		
Traveler's Signature		Date				
Approval Signature		Date				
Approval Printed Name and Title				Exception Approval Explanation		
Exception Approval Signature		Date				
Exception Approval Printed Name and Title						

a) Mail check to address (generally employee's campus box)

b) Meals, including tip and taxes greater than \$50 per day must be split out by Breakfast, Lunch and Dinner. Alcoholic beverages must always be split out.

c) Includes alcohol associated with Entertainment / Bus Exp.