

UNIVERSITY OF LOUISIANA AT LAFAYETTE
Lafayette, Louisiana

Check Number _____

PART I

TRAVEL EXPENSE ACCOUNT

The Statement on Part II Must be completely filled in by the payee prior to signature. Receipts must be attached as required by travel regulations.

Student X. Example

NAME OF EMPLOYEE
PO Box 87652

ADDRESS
Lafayette, LA 70504

CITY

DATE OF CLAIM
09-20-04

DEPARTMENT OR ACCOUNT TO BE CHARGED
GSO

PERIOD OF TRAVEL

FROM **10-9-04** HOUR **10:00 am**

TO **10-13-04** HOUR **10:00 am**

SUMMARY OF EXPENSES (PART II)

Transfer these values from Part II of this form

Travel Advance Issued

Personally-Owned Automobile Sch. A \$ _____

ADVANCE NO. _____

State-Owned Automobile Sch. B \$ _____

Other Travel Expenses Sch. C \$ **615.73**

() Yes Amount _____

No

Total Reimbursement Due \$ **400.00**

TRAVEL REQUEST NO. **120650**

This is the number of the Official Request for Travel form you submitted. It can be found in the upper right corner.

1. Destination. **Somewhere, Texas**

2. Purpose of Trip. **To present a paper entitled "Quandaries of Uncertainty" at the Fifth Annual Conference on Historical Ambiguity.**

CERTIFICATE OF PAYEE

I certify that this expense account is just and true in all respects; that the distances shown were actually and necessarily traveled on the dates specified on official business only; that the amounts charged for expenses, other than that of personally owned automobiles, were incurred on official business only, and have actually been paid by me for travel and other expenses; that no part of the account has been paid by the state; and that the full amount is justly due.

Signed **Student X. Example** **Graduate Student**

Payee

Title or Position

Lafayette, Louisiana

Official Domicile

CERTIFICATE BY DEPARTMENT HEAD (SUPERVISOR)

I certify that the charges set forth on this expense account have been examined by me; that the services for which the charges are made were necessary and proper; and that, in my opinion, the amounts claimed are just and reasonable.

09-20-04

Date

Department X. Head

Department Head (Supervisor)

FOR BUSINESS AFFAIRS USE ONLY

APPROP	GENERAL LEDGER	SEC.	ACCT	C&O	AMOUNT
LESS: 0110T Travel Adv. Rec.					

AUDITED BY _____ DATE _____

APPROVED FOR PAYMENT BY _____