

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

Document # _____
Non-Employee SSN# _____

Name						Destination				
Address/Campus Box						Start Date		End Date		
Purpose for trip										
		Date	Date	Date	Date	Date	Date	Date	Date	Total
Meals:										
Breakfast										
Lunch										
Dinner										
Other										
Alcoholic Beverages (36-87)										
1 Total Meals (a)										
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) (b)										
11 Other Travel (36-87)										
12										
13										
14	EXPENSES BY ACCOUNT					Total Expenses				
15	AMOUNT	LC	DEPT	BUOB	SR CODE	FUND	Less Non-WU Reimbursement			
16							Subtotal			
17							Department Limit (if applicable)			
18							Less:			
19							TA # & Amount			
20							TA # & Amount			
21							Other Reimbursement Amount			
22							Travel Expenses Paid for by the procurement card (c)			
23							I owe Washington University			
24							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.										
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) 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.
b) Includes alcohol associated with Entertainment/Bus Exp.
c) Recommend using the procurement card expenses supplemental worksheet to provide expense details.