

Washington University in St. Louis
Travel Expense Statement

Document #

~~XXXXXX-XX-XXXX~~ Employee SSN#

Name					Destination				
Address/Campus Box					Start Date		End Date		
Purpose for trip									
		Date	Date	Date	Date	Date	Date	Date	Total
<u>Meals:</u>									
Breakfast									
Lunch									
Dinner									
Other or Non-Itemization of Meals ≤\$50									
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				