

TRAVEL EXPENSE REPORT
Lewis and Clark Community College, District #536
Godfrey, Illinois

Name: _____ Account Number: _____ Date: _____

Colleague ID, SSN or FEIN: _____ Expenses incurred during the month of: _____

Travel expense reports should be submitted monthly and forwarded to the Finance Office within five (5) calendar days after the end of the month.

Itemized Expenses for Each Day (per attached receipts)

All expenses are for Professional Development (PD) – Please check box

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Date	Purpose	City	Number Attended	Miles	Travel Cost*	Lodging	Meals			Other	TOTAL
							B	L	D		

Travel expenses for the month \$ _____

Deduct Amount Paid Directly by the College \$ _____

Deduct Advance if obtained \$ _____

Amount of Reimbursement \$ _____

Approved _____
Manager/Assistant Director

Signature _____ Traveler

Approved _____
Director, Dean and/or Vice President

Approved _____
Vice President, CFO, CTO and/or President