FOR BUSINESS OFFICE USE ONLY

r			FOR BUSINESS								
Batch Number:			FUK Βυσινέσσι	Voucher Number:							
Vendor Name:				Due Date:							
Invoice Number:				Description:							
Invoice Date:				Reference:							
				IL ON EDUCAT							
		Do	omestic Travel	Expense Report							
completed show the attachment c incurred for Dor	e page 2 of the report. ring a daily report (a required of all receipts to this report all receipts to this report. mestic Travel of more the should be deducted. A should be deducted. and be attached.	uirement of the Inter- ort in accordance with han 12 hours, which a	nal Revenue Serv h its policies. Rec are reimbursable a	ice) of all travel exceipts are not neces as a flat per diem r	xpenses, which ssary for Meal ate according	h are summarized s and Incidenta to ACE's Dome	ed below. ACE Il Expenses (M estic Travel Po	encourages &IE) licy. Any			
		Vendor	Number:	To be completed	by ACE staff		_				
Pro	ject or Commission to b	e charged: To be com	pleted by ACE sta	off							
		Trip I		de location & da	ate)						
Purpose:	Name the purpose of				X Z (1)						
Location:Your travel from locationYouFrom Date:Date travel fromTo Date: Date						r travel to (review) location					
Trom Date.	Date traver from			To Date.	Date traver to		-				
						ACCOUNT/PR	OJECT NUMI	BERS			
			•1		Account	Account	Department	Project			
	Tro	AMOUNT (from data ansportation 222	ally summary) 3.69		Number	Description	-				
	11a	-	7.00			To be complet	ed by ACE staf	e			
	Meals &		8.50								
	Mi	scellaneous 102	2.84								
		Subtotal 872	2.03								
		Total Due 872	2.03	Due to Traveler:	ACF staff		Due to ACE:	ACF staff			
			2.03	Due to Traveler:	ACE Stall	=	Due to ACE.	ACE Stall			
					_						
	Date: ACE staff		Approved by:		ACE staff						
			11 2								
I certify that the	above expenses were inc	curred by me on beha	CERTIFIC		ion and are in	accordance wit	h ACE's travel	policies.			
		Your signature Signature of Traveler			-		Data				
	2						Date				
Please make che	ck payable to:	Name:	Jane Doe								
r lease make check payable to:		Institution:		State University							
		Address:	123 Main Stre	eet							
			Any Town, C	Г 09876							
I											

Total Dates Away:4Number of Days on Business:2

		Individual Amounts									
Date			Attach Receipts								
	Description/Explanation Comments and Mileage Computation		ans. Air, axis, etc.	L	odging	N Incie	Ieals & dentals or er Diem		Misc.		Total
4/3/2015	Lodging- MGM Grand plus taxes			\$	99.00			\$	34.28	\$	133.2
	Meal per diem travel day- \$71 x .75%					\$	53.25			\$	53.2
										\$	-
	Lodging- MGM Grand plus taxes			\$	99.00			\$	34.28	\$	133.2
	Meal per diem review day	-				\$	71.00			\$	71.0
4/5/2015	Lodging- MGM Gran plus taxes			\$	99.00			\$	34.28	\$	133.2
	Meal per diem review day					\$	71.00			\$	71.0
4/6/2015	Maalman diam tuonal dara \$71 m 750/					¢	53.25			\$ \$	- 53.2
4/0/2015	Meal per diem travel day- \$71 x .75%	-				\$	55.25			⊅ \$	
4/3/2015	POV mileage to the airport 56 x .575	\$	32.20							\$	32.2
										\$	-
4/6/2015	POV mileage from the airport 56 x .575	\$	32.20							\$	32.2
										\$	-
4/6/2015	Parking	\$	48.00							\$ \$	48.0
4/6/2015	Rental Car	\$	104.51							Դ \$	- 104.5
	Rental car gas	\$	6.78							\$	6.7
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Fotal Accounted for		\$	223.69	\$	297.00	\$	248.50	\$	102.84	\$ \$	872.0
Deduct Personal Charges Fotal Reimbursable Charges (to front page)		\$	223.69	\$	297.00	\$	248.50	\$	102.84	\$ \$	872.0

List those items paid directly by ACE

(i.e., airline tickets, registration fees, hotel charges, etc.)

Date	Amount	Billed by	Project
04/03/15	\$ 470.00	AMEX Flight	