Employee Travel Expense Worksheet

BA 1320, GS 92218

UNIVERSITY OF MINNESOTA

Employee Travel Expense Worksheet (Optional)

Name	Comments
Social Security Nbr	
Destination	
Trip Dates	CUFS No.:
Purpose of Trip	University of Minnesota frequent flier miles earned on this trip: _____

Travel Expenses

Date	Transportation			Lodging	Meals			Miscellaneous		
	Code	Miles	Amount		B	L	D	Description	Amount	Total
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
	Totals	0	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	$0.00

My signature certifies:

- The above expenses are correct and I have paid the total shown.
- I have not earned frequent flyer points for personal use.
- I have not been nor will I be reimbursed for any of these expenses by any other source(s).
- Required receipts/documentation are attached.
- The above address is correct.

X_____

Signature of Payee and Date

Prepaid Expenses:	**(PV/PVA or CUFS #)**	**(Total)**
Airfare	_____	$ _____
Conf. Registration	_____	$ _____
Hotel	_____	$ _____
Total		$ $0.00