

Sauk Valley Community College Travel Expense Report

Name: _____
ID#: _____

Departure date: _____ Time: _____
Return date: _____ Time: _____

Prior approval received for out of district travel? YES NO

Check If Out Of District	Date	Destination and Purpose	TRAVEL		MEALS*			RECEIPTS MUST BE ATTACHED		
			Auto (In miles)	Other	Breakfast	Lunch	Dinner	Lodging	Conference Fee	Other Expenses
TOTAL MILES										
MILEAGE RATE (cents)										
TOTAL DOLLARS										

Department: _____
Account #: _____

*Attach receipts if per diem allowance is exceeded.

Signature _____	Date: _____	TOTAL EXPENSES: _____
Supervisor/Dean _____	Date: _____	
Vice President _____	Date: _____	LESS CASH ADVANCES: _____
President _____	Date: _____	
Business Manager _____	Date: _____	TOTAL DUE: _____