



# GROUP TRAVEL ADVANCE - ACTUAL EXPENDITURE REPORT

Description of Field Event \_\_\_\_\_

**NOTE: RECEIPTS REQUIRED FOR ALL EXPENDITURES**

DATES								GRAND TOTAL
<b>TOTAL GROUP LODGING</b>	\$	\$	\$	\$	\$	\$	\$	\$
<b>GROUP MEALS</b>								
BREAKFAST	\$	\$	\$	\$	\$	\$	\$	\$
LUNCH								
DINNER								
<b>TOTAL MEALS</b>	\$	\$	\$	\$	\$	\$	\$	\$
<b>TOTAL MEALS<sup>1</sup> AND LODGING</b>	\$	\$	\$	\$	\$	\$	\$	\$
<b>TRANSPORTATION</b>								
AIR FARE	\$	\$	\$	\$	\$	\$	\$	\$
AUTO RENTAL								
PERSONAL AUTO								
OTHER <sup>2</sup>								
<b>TOTAL TRANSPORTATION</b>	\$	\$	\$	\$	\$	\$	\$	\$
<b>MISCELLANEOUS EXPENSES</b>								
TOLLS	\$	\$	\$	\$	\$	\$	\$	\$
PARKING								
CAB FARE								
OTHER <sup>3</sup>								
<b>TOTAL MISCELLANEOUS<sup>4</sup></b>	\$	\$	\$	\$	\$	\$	\$	\$
<b>GRAND TOTALS</b>	\$	\$	\$	\$	\$	\$	\$	\$
AMOUNT ADVANCED BY BCC Check No. _____				PREPARED BY _____ DATE _____				
LESS EXPENSE THIS REPORT _____				DEPT APPROVAL DATE _____				
AMOUNT RETURNED TO BCC _____				CASH RETURNED RECEIPT NO. _____				\$ (Receipt Attached)
AMOUNT DUE EMPLOYEE _____				COST CENTER NO. _____		COST CENTER NAME _____		

1. Total cannot exceed item B on the reverse side.
2. Identify type of transportation and explain when necessary in item C on reverse side.
3. Identify other expenses in item D on reverse side.
4. Receipt **MUST** be attached totaling the amount reported.

## INDIVIDUALS COVERED BY THIS REPORT

A.	NAME	INITIAL	NAME	INITIAL

**B.** Date of Departure \_\_\_\_\_ Time \_\_\_\_\_ A.M./P.M. Date Returned \_\_\_\_\_ Time \_\_\_\_\_ A.M./P.M.

See footnote 1 on reverse side.

Complete the following by checking half-quarters absent from College.

Total half-quarters \_\_\_\_\_ x 2.12 = \$ \_\_\_\_\_ x individuals covered in this report \_\_\_\_\_ =

\$ \_\_\_\_\_ maximum eligible for reimbursement.

Time travel began and ended	DATES:	TOTAL
12:01 - 3:00 A.M.		
3:01 - 6:00 A.M.		
6:01 - 9:00 A.M.		
9:01 A.M. - 12:00 Noon		
12:01 - 3:00 P.M.		
3:01 - 6:00 P.M.		
6:01 - 9:00 P.M.		
9:01 P.M. - 12:00 Midnight		
<b>TOTAL</b>		

**C.** See footnote 2 on the reverse side.  
Identify other type of transportation and explain any unusual feature.

\_\_\_\_\_

\_\_\_\_\_

**D.** See footnote 3 on the reverse side.  
Identify other miscellaneous expenses for which you have a receipt.

\_\_\_\_\_

\_\_\_\_\_

**E.** "This is to certify or affirm that this travel claim is true and correct, that the expenses were incurred as necessary travel expenses in the performance of official duties; and that same conforms in every respect with the requirements of the Student Activities Board."

Payee \_\_\_\_\_

SIGNATURE OF PERSON TO WHOM CHECK WAS MADE PAYABLE