The University of Montana Western

Travel Expense Report

☐ **Employee** ☐ **Non-Employee**

Banner Document Number:
(Travel Desk Use Only)

Travelers ID (UM 79#) _____ Name: _____

Prepared By: _____ Ext: _____ Department: _____

Today's Date: _____

Destination: _____ Business Purpose: _____

Departure Date: _____ Time: _____ Return Date: _____ Time: _____

Dates Covered: _____

List Meals Provided: _____

Airline: _____ Amount: $ _____ Cardholder if different: _____

Banner Documents Processed: Doc # _____ Description _____ Doc # _____ Description _____

Dates	Description/Destination	Mode of Travel	Private Vehicle Mileage Miles	Rate	Amount	Per Diem Lodging	Per Diem Meals	Out of Pocket Expenses	ProCard	Amount	**Daily Total**
					$					$	$
					$					$	$
					$					$	$
					$					$	$
					$					$	$
					$					$	$
					$					$	$
					$					$	$
					$					$	$
					$					$	$
					$					$	$
					$					$	$
					$					$	$
					$					$	$
Totals					**$**	**$**	**$**	**$**	**$**	**$**	**$**

Reimbursement Waiver:

I am waiving my right for full reimbursement by accepting amount indicated.

Travelers Initials: _____ Date: _____ Waived $ _____

Accounting Distribution

Index	Account	Activity	Amount

Should total amount due employee or University

Total Travel Expenses	$
Less Total Amount Paid through Banner Finance	$
Less Total Amount Charged on UM Procard	$
Less Amount Waived	$
Less Per Diem Received in Advance	$
Amount Due Employee	$

If amount due is negative, attach your check payable to The University of Montana Western

Reviewed by Grant Office: _____ Initials _____ Date

Expenses $25 or greater must have receipts attached.

A Complete record of your travel expenses must be detailed on this report

**** This form must be completed and filed withing two months (60) days after incurring the travel expenses, otherwise the right to reimbursement will be waived.****

Itemization of UM Procard Charges **Attach a copy of all Procard Charges**

Date	Item	Name on Procard if Different	Amount	Date	Item	Name on Procard if Different		Amount
	Airline		$					
	Per Diem Lodging		$					

I certify that all expenses shown are business related and are correct. I have correctly stated how items were paid to me or by me on this business trip. The travel was by the lowest cost reasonable method and I have complied with the UM Travel Policy and Guidelines.

Travelers Signature _____ Date _____ Dept Head/Designee: _____ Date _____

Mileage Rates as of January 1, 2008:

Personal Car (no state vehicle available)	**50.5 cents per mile**
Personal Car (state vehicle available)	**24.5 cents per mile**
Private Airplane Usage	**$1.01 per nautical mile**