

Accounts Payable Department Use Only
 PV No. _____
 Vendor No. _____

**NORTHWESTERN UNIVERSITY
 TRAVEL EXPENSE REPORT**

PAYMENT REQUEST NO. _____
 NORTHWESTERN EMPL ID# _____

NAME: _____ SCHOOL/DEPT: _____

DESTINATION: _____

BUSINESS PURPOSE: _____

FUND	AREA	ORG	SUB ORG	OBJECT	SUB OBJ	AMOUNT

FROM: _____ TO: _____ \$ -

Date	SUN	MON	TUE	WED	THUR	FRI	SAT	TOTAL	PAID DIRECT BY OTHER PR'S		NET TOTAL	
									PR#	(LESS) PR. AMT		
TRANSPORTATION COSTS												
1. Airplane Fare								\$ -				\$ -
2. Railroad Fare								\$ -				\$ -
3. Public Ground Transportation								\$ -				\$ -
4. a. Private Auto Mileage*								\$ -				\$ -
b. University-Owned Vehicle								\$ -				\$ -
c. Rental Vehicle								\$ -				\$ -
d. Other (Tolls, Parking, etc.)								\$ -				\$ -
RELATED TRAVEL EXPENSE												
5. Hotel/Motel Room & Tax								\$ -				\$ -
6. Breakfast (incl. Tax & Tip)								\$ -				\$ -
7. Lunch (incl. Tax & Tip)								\$ -				\$ -
8. Dinner (incl. Tax & Tip)								\$ -				\$ -
9. Phone & Communications								\$ -				\$ -
10. Tips (Other Than Meals)								\$ -				\$ -
11. Meeting Registration Fees								\$ -				\$ -
12. Per Diem**								\$ -				\$ -
13. Additional Business Expense*								\$ -				\$ -
14. Other (Detail Below)								\$ -				\$ -
								\$ -				\$ -
								\$ -				\$ -
								\$ -				\$ -
								\$ -				\$ -
Total this page	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			\$ -	\$ -
*Forwarded from following pages								\$ -				\$ -
TOTAL EXPENSE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			\$ -	\$ -

Funds advanced by PR (Cash/Check)	
Balance due to or from the University	\$ -

CERTIFICATION
 I certify that I have paid out these amounts for University-related activities in support of the business purpose listed and in accordance with University policies and procedures, that sponsored project expenses contain no charges for alcoholic beverages or other unallowable items, and that I have not previously received nor will I receive separate reimbursement from Northwestern University or any other entity for any charge I am submitting on this form.

APPROVAL
 I certify that these expenses were incurred for University-related activities and approve them as proper charges to University accounts.

 Traveler Signature Date

 Dean or Supervisor Signature Date

 Print Name

 Print Name

4.a.* Complete Private Automobile Mileage Section.
 12.** Extended Foreign Travel Only.
 13.* Additional Business Expenses Section.

INSTRUCTIONS

(Detailed information is included in the Travel Policies and Procedures at <http://www.northwestern.edu/finsys/polcydoc/travelmenu.htm>)

GENERAL INFORMATION

- Traveler:** Use this form as a daily record. Original receipts must be submitted for all claimed expenses. If you received an advance, attach refund check if necessary. Otherwise, reimbursement will be made via a check to you.
- Dept:** Obtain required signatures and submit this completed report with original receipts to the designated office (School/Unit, ASRSP, A/P, Bursar):
- * Where an advance was received attach originating PR, and refund check if applicable.
 - * For cash advance submit to Bursar's Office
 - * For travel check advance submit to A/P
 - * For reimbursements which did not originate as an advance, complete a PD.

SUPPLEMENTAL INFORMATION

PRIVATE AUTOMOBILE MILEAGE							
Date	Travel		Mileage	X	Fill in Current Rate	=	Total
	From	To					
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
Total all days (enter here and on front of Form -- line 4.a.)							\$ -

ADDITIONAL BUSINESS EXPENSES	
According to I.R.S. Regulations -- you must provide the following:	
Date:	Amount:
Name of place	Location
Business Purpose	
The occupation, or other information relative to the person or persons hosted, including name, title, sufficient to establish relationship to you _____	
Date:	Amount:
Name of place	Location
Business Purpose	
The occupation, or other information relative to the person or persons hosted, including name, title, sufficient to establish relationship to you _____	
Date:	Amount:
Name of place	Location
Business Purpose	
The occupation, or other information relative to the person or persons hosted, including name, title, sufficient to establish relationship to you _____	

Total all expenses (enter on front of Form -- line 13.)