AURARIA HIGHER EDUCATION CENTER

Auraria Higher Education Center
TRAVEL EXPENSE REIMBURSEMENT

Payee Name (Please Print)				Employee / Other ID #	
Department		Cost Center #		Project # (If Applicable)	
Month		Year		Travel Type (In /Out State/Intl)	-

	TRAVEL				MILEAGE			MEALS AND LODGING / INCIDENTAL							
Date	From	To	Time Depart	Time Return	No. Miles	Rate Per Mile	Total	Brkfst	Lunch	Dinner	Incidental ($5 per overnightú	Lodging	Misc. (provide backup)	Total	Total Reimb. Items
						$ 0.65	$ 0.00							$ 0.00	$ 0.00
						$ 0.65	$ 0.00							$ 0.00	$ 0.00
						$ 0.65	$ 0.00							$ 0.00	$ 0.00
						$ 0.65	$ 0.00							$ 0.00	$ 0.00
						$ 0.65	$ 0.00							$ 0.00	$ 0.00
						$ 0.65	$ 0.00							$ 0.00	$ 0.00
						$ 0.65	$ 0.00							$ 0.00	$ 0.00
						$ 0.65	$ 0.00							$ 0.00	$ 0.00
						$ 0.65	$ 0.00							$ 0.00	$ 0.00
						$ 0.65	$ 0.00							$ 0.00	$ 0.00
						$ 0.65	$ 0.00							$ 0.00	$ 0.00
						$ 0.65	$ 0.00							$ 0.00	$ 0.00
TOTALS					0		$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

PURPOSE OF TRIP:		LESS TRAVEL ADVANCE (Enter as a negative amount)	
		TOTAL TRAVEL REIMBURSEMENT AMOUNT	$ 0.00

"I certify that the statements in the above schedule are true and correct in all respects; that payment of the amounts claimed herein has not and will not be reimbursed to me from any other source; that travel performed for which an advance or reimbursement is claimed was or will be performed by me while on Center Business and that no claims are included for expenses of a personal or political nature or for any other expenses not authorized by the Fiscal Rules; and that I actually incurred or paid the operating expenses of the motor vehicle for which reimbursement is claimed on a mileage basis. Further, I hereby authorize the Center to deduct from my pay any amount paid to me in excess of my authorized expenses as provided by Fiscal Rule 5-1."

PAYEE SIGNATURE	MAIL ADDRESS

RECOMMENDED FOR APPROVAL

SUPERVISOR / APPROVING AUTHORITY - I have verified that the meals identified above were not provided by or included in a conference or seminar and there is appropriate backup documentation to for the expenses being reimbursed. This Travel Expense Reimbursement is approved as submitted.

SUPERVISOR SIGNATURE and DATE

APPROVING AUTHORITY SIGNATURE and DATE (If different than supervisor)

Accounting Use Only

FUND	COST CENTER	OBJECT CODE	SUB OBJECT CODE	PROJECT #		AMOUNT

Entered By / Date

Reference Number

Reviewed by / Date