

**TROY UNIVERSITY
TROY, ALABAMA
EXPENSE ACCOUNT**

NOTE: Each employee is advised to keep copies of all expense accounts for income tax records.

NAME _____ HOME ADDRESS _____
 EMPLOYEE ID NUMBER _____
 TITLE _____ PERIOD COVERED _____
 EXPENSE IN CONNECTION WITH _____

*indicate information which must be provided; otherwise, the expense account will be returned for proper completion.

SUBSISTENCE: (Note -Cost of meals and room necessary only in case of out-of-state travel):

*DATE	*TIME OF DEPARTURE	*TIME OF RETURN	BREAKFAST	LUNCH	DINNER	ROOM	TOTAL

TOTAL SUBSISTENCE \$ _____

PRIVATE AUTOMOBILE

*DATE	ODOMETER *START	*FINISH	*TOTAL MILES	*NAME OF POINT OF STARTING AND STOPPING

Effective 01-01-17 TOTAL _____ **@ \$.535 = \$** _____

OTHER EXPENSES: (Commercial Transportation, Misc.)

*DATE	DESCRIBE EACH ITEM	QUANTITY & UNIT	UNIT PRICE	TOTAL

TOTAL OTHER EXPENSES \$ _____

***ACCOUNT NUMBER** _____ ***TOTAL EXPENSES CLAIMED \$** _____

APPROVALS FOR CLAIM

I hereby certify that the above expenses were incurred in connection with official duties of the Troy University, Troy, Alabama.

NAME _____ *

(SIGNATURE)

NAME _____

NAME _____

NAME _____

NAME _____

FOR BUSINESS OFFICE USE ONLY

Vendor code _____
 o/meal 1 \$ _____
 o/mile 2 \$ _____
 o/other 3 \$ _____
 d/meal 4 \$ _____
 d/mile 5 \$ _____
 d/other 6 \$ _____