

**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 01-01-15 TOTAL @ \$.575 = \$ _____

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

NAME _____ * _____
 NAME _____
 NAME _____
 NAME _____

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

(SIGNATURE)

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 \$ _____