

**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 \_\_\_\_\_  
 SOCIAL SECURITY 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 07-01-11 TOTAL @ \$.555 = \$** \_\_\_\_\_

**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 \$ \_\_\_\_\_