

SISSETON WAHPETON COLLEGE TRAVEL EXPENSE/TRIP REPORT

Employee/Traveler: _____

Purpose of Travel: _____

Travel From: _____ to: _____

Depart (include date & time): _____ Return (include date & time): _____

Acct Code: _____ Account Name: _____

	Advanced Amount	Actual
Per Diem	_____	_____
Lodging	_____	_____
Mileage	_____	_____
Parking	_____	_____
Taxi/Shuttle	_____	_____
Registration	_____	_____
Airline	_____	_____
*Other	_____	_____
Total	\$ _____	_____

*Other (Explain)

NET AMOUNT OWED BY/TO TRAVELER: \$ _____

Employee must attach receipts for lodging, parking, registration fees, taxi/shuttle, airline, car rental, cf 'cH Yf 'YI dYbgYg"

Signature of Traveler	Date
Grant PI/PD	Date
Authorized Signature	Date

(If \$500.00 or over, the President must sign, under \$500.00 the CFO must sign) WRITTEN JUSTIFICATION MUST BE PROVIDED FOR URGENT OR EMERGENCY REQUESTS, OR THE CHECK WILL BE INCLUDED WITH THE THURSDAY RUN.

Please complete trip narrative on back.

