CASE
CASE WESTERN RESERVE UNIVERSITY

STATEMENT OF TRAVEL EXPENSE

Date _____

NAME _____ Dept _____ Bldg _____

ADDRESS _____ Purpose of Trip _____

_____ _____

Return Check to: _____ Date of Trip _____ To _____

DATE OF EXPENSE	FROM	TO	TO	MODE OF TRAVEL	FARE	PARKING TOLLS	MILEAGE		TOTAL
							MILES	$ EXTENDED	
SUB-TOTAL									

DATE OF EXPENSE	MEALS	HOTEL	TAXI	PHONE	TIPS	OTHER DESCRIPTION	OTHER AMOUNT	
SUB-TOTAL								

DISTRIBUTION

SPEEDTYPE	ACCOUNT	AMOUNT	JOURNAL DESCRIPTION - 11 POS

TOTAL THIS PAGE	
TOTAL PREV PGS.	
TOTAL EXPENSES	
LESS ADVANCE	
DUE UNIVERSITY	
DUE TRAVELER	

Are you considered a non-resident alien for tax purposes? ☐ Yes ☐ No

SIGNATURE / CERTIFICATION OF TRAVELER:

"I certify that all expenses are in accordance with the University Travel Policy. I also certify that the reimbursement for charges are permissible under sponsor guidelines where applicable and charges to federally sponsored projects do not include alcohol. "

Signature _____ Phone _____

APPROVAL - Traveler's Supervisor:

Signature _____

Printed Name _____ Phone _____

INSTRUCTIONS:

1. Attach all original receipts to this form.
2. Complete an on-line payment request form for this traveler.
3. Print check request form, enter check request number in the box on the right and forward both to Accounts Payable.

Please record check request no. here →

Rev. 5/14/2004