Community College of Philadelphia

Travel Expense Statement

Name _____ **Department** _____

Date							**Total**
Travel from							
to							
Auto Mileage							
Mileage (Current Rate) Auto Allowance							
Rail or Plane Fare							
Local Fares							
Hotel							
Meals							
Telephone or Telegraph							
Other _____							
Show _____							
Details							
Grand Total							

For Accounting Dept. Use Only

Cash Advanced - Date	
Cash Advanced - Date	
Cash Advanced - Date	
(2) Total Cash Advanced	
Balance Due: (1-2)	
Traveler _____	
College (attach check)	

I certify that the expenses listed above were incurred in carrying out work for the College.

Charge Acct. _____

Traveler _____ Date _____

Approved _____ Date _____

Check =

Posted by: