Alabama Southern Community College Expenses for Out-of State Travel

Name:		Date(s) of Tra	avel:	
Travel Destination				
Meeting Attended:				
Plane Ticket (must have bo	ACT	TUAL EXPENSES		
Automobile:	From: To:			
	Total Miles:		0.56	
Fotal Transportation (Pla Hotel Room (Just		(ileage Expense) o food, parking or Inte	rnet)	
Meals (Includes r	neal, non-alcohol	lic drink, tax, and tip)		
Other Expenses (Itemize)				
Total Expenses : (Transpo	rtation, hotel, m	neals, & other)	\$	
	Tra	aveler's Signature		
	Dean/	Supervisor Signature		
	Busin	ess Office Signature		
Vendor Number			GL Account Number	

****All Itemized receipts must be attached to this form****