## **TRAVEL EXPENSE REPORT**

Lewis and Clark Community College, District #536 Godfrey, Illinois

Name:	ne:			Account Number:						Date:		
Colleague ID, SSN or FEIN:				Expenses incurred during the month of:								
Trav	vel expense reports sl	hould be submitte	d monthly and fo	rwarded to	the Finance	Office within t	five (5)	calenda	r days aft	er the end of the	month.	
	enses for Each Day ( es are for Professi			ase check	k box							
Date	Purpose	City	Number Attended	Miles	Travel Cost*	Lodging	Meals		:	Other	TOTAL	
							В	L	D			
Travel expe	enses for the month								<u> </u>	\$		
Deduct Amo	ount Paid Directly by	the College								\$ <u></u>		
Deduce Advance if obtained										\$		
Amount of	Reimbursement									\$		
Approved Manager/Assistant Director				Signature						Traveler		
	Manager/ <i>P</i>	Assistant Difector										
Approved				Арј	proved							
	Director, Dean and/or Vice President				Vice President, CFO, CTO and/or President**  **All out of state travel must be approved by the President							
\$ .67/mile for private auto (reflects IRS standard mileage rate effective 1/1/24)									Check Nur			