Marshall/Marshall C&TC Travel Settlement

Current Mileage Rate: .505
Multiple Pages: No

Name:	**Title:**	**MU ID:**
Address:	**Department:**	**Contact Name:**
City/State/Zip:	**Headquarters:**	**Contact Phone:**
Purpose of Travel:		

DATE (MM/DD/YYYY)	CITY/STATE From/To	MILES	AMOUNT	AIR	CAR RENTAL	MEALS	LODGING	OTHER	TOTAL
			-						-
			-					-	-
			-					-	-
			-					-	-
			-					-	-
			-					-	-
			-					-	-
			-					-	-
			-					-	-
Trip Total :		**0**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**

OTHER EXPENSES			LESS DIRECT BILLED EXPENSES			
DATE	**DESCRIPTION**	**AMOUNT**	**DATE**	**PMT TYPE**	**DESCRIPTION**	**AMOUNT**
TOTAL OTHER EXPENSES		$ -	**TOTAL DIRECT BILLED EXPENSES**			$ -

TOTAL REIMBURSABLE AMOUNT	$ -

ENCUMBRANCE INFORMAtION				
ENC#	**FUND**	**ORGN**	**ACCOUNT**	**AMOUNT**
TOTAL				$ -

I certify that these costs incurred were in connection with my assigned duties, are true, accurate and actual, and do not reflect any costs or expenses reimbursed or to be reimbursed from any other source.

I certify that I have personally examined and approved this Travel Expense Account Settlement. The terms of expense are reasonable and correspond to the assigned duties of the traveler. The terms of expense further meet all Higher ED/Grant/Contract Travel Regulations and are within the budget of this spending unit.

Traveler Date

Approved Immediate Supervisor Date

Approved Dean/Director/Vice President Date

Approved for Payment/Accounts Payable Date