

ACADEMIC CONFERENCE TRAVEL EXPENSE TRACKER

Expense Report & Reimbursement Claim

TRAVELER NAME _____

DEPARTMENT / DIVISION _____

CONFERENCE / SEMINAR NAME _____

DESTINATION (CITY, COUNTRY) _____

DEPARTURE DATE _____

RETURN DATE _____

FUNDING SOURCE / GRANT NUMBER _____

AFFILIATION / ROLE (E.G., PRESENTER, ATTENDEE) _____

DATE	CATEGORY (REGISTRATION, LODGING, FLIGHT, MEALS, TRANSPORT, ETC.)	DESCRIPTION / BUSINESS PURPOSE	RECEIPT?	AMOUNT

Total Expenses _____

Prepaid / University
Card _____

Reimbursement
Claim _____

TRAVELER SIGNATURE / DATE _____

