TRAVEL EXPENSE ORGANIZER

Consultant Business Travel Receipt Log

FORM NO:

CONSULTANT NAME

CLIENT / PROJECT

PURPOSE OF TRIP

DEPARTMENT / UNIT

TRAVEL START DATE

TRAVEL END DATE

DATE	CATEGORY	DESCRIPTION / BUSINESS PURPOSE	RECEIPT NO.	PAYMENT METHOD	AMOUNT

Subtotal	
Tax / Other	
Total Claim	

RECEIPT SUBMISSION REQUIREMENTS

- Please attach corresponding numbered receipts in order of appearance in the log.
- All credit card slips must be accompanied by the itemized merchant receipt.
- Receipts are required for all individual expenditures exceeding policy limits.

CONSULTANT SIGNATURE

Date: _____

AUTHORIZED APPROVER SIGNATURE

Date: _____