

School of Design & Construction

Travel Expense Worksheet

*Please return this form and all receipts to the
Administrative Assistant*

Traveler: _____ Department: _____

Title _____ Start/End dates of travel: _____

WSU ID: _____ Start time of travel: _____

Mailing Address: _____ End time of travel: _____

City, State, ZIP: _____

Meals claimed and location (use back for additional days)

<u>Date</u>	<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>
_____	Y/N City _____	Y/N City _____	Y/N City _____
_____	Y/N City _____	Y/N City _____	Y/N City _____
_____	Y/N City _____	Y/N City _____	Y/N City _____
_____	Y/N City _____	Y/N City _____	Y/N City _____
_____	Y/N City _____	Y/N City _____	Y/N City _____

Mileage claimed (if traveling in personal vehicle) _____

Other receipts (itemized zero balance receipts required)

<u>Date</u>	<u>Vendor</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____