# HOFSTRA UNIVERSITY
## TRAVEL EXPENSE REPORT

1. **ACTIVITY**

2. **DATES**

3. **DESTINATION TO/FROM**

## TRAVEL/MEALS/HOTEL

4. **PERSONAL AUTO USAGE:**
   - **MILES** */PER*

5. **RENTAL CAR**

6. **GROUND TRANSPORTATION**

7. **GAS**

8. **TOLLS**

9. **OTHER—**

10. **BREAKFAST**

11. **LUNCH**

12. **DINNER**

13. **HOTEL ROOM + TAXES**

14. **TELEPHONE CHRGs**

15. **MISC:**

16. **TOTAL EXPENSES:**

17. **LESS AMOUNT ADVANCED TO TRAVELER**

18. **BALANCE DUE (NAME)**

## **TRAVEL EXPENSES CHARGED DIRECTLY TO THE UNIVERSITY**

<table>
<thead>
<tr>
<th>TOTAL</th>
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<tbody>
<tr>
<td>A. <strong>AIR TRAVEL</strong></td>
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<tr>
<td>B. <strong>RENTAL CAR</strong></td>
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<td>C. <strong>GROUND TRANSPORTATION</strong></td>
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<td>J. <strong>TOTALS</strong></td>
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</table>

I HEREBY CERTIFY THAT THE EXPENSES LISTED ABOVE ARE APPROPRIATE AND UNIVERSITY RELATED.

**TRAVELERS NAME/DEPT/EXT (PRINT)**

**SIGNATURE**

**DATE**

**APPROVAL 1**

**APPROVAL 2**

**DATE**

ALL EXPENDITURES MUST BE EVIDENCED BY A RECEIPT WHICH IS TO BE ATTACHED TO THIS FORM. REFER TO THE UNIVERSITY TRAVEL POLICY FOR RULES AND LIMITATIONS.

H.U. Standard Form #14 Rev. 11/92