

# MOVING EXPENSES ONLY

WASHINGTON UNIVERSITY

Travel Expense Report

(Receipts required for all expenses over \$25.00)

**Sample Only**

DOCUMENT NO. \_\_\_\_\_ (5)

PAYROLL DATE \_\_\_\_\_ (1)

EMPLID NUMBER \_\_\_\_\_ (1)

SOCIAL SECURITY NO. \_\_\_\_\_

Vendor # \_\_\_\_\_

LIST ALL EXPENSES (INCLUDING PREPAYMENTS)

Name (2)	Destination						Trip Dates (3)		
Address	Purpose of Trip/event (4)								
Expenses	Date	Date	Date	Date	Date	Date	Date	Date	Totals
Meals (Exclude Alcohol)									
Foreign Exchange Rate Used:								NONTAXABLE (6)	TAXABLE (7)
Supplemental Information: (13)				Airfare					
				Rental Car/Gas					
				Mileage (.14) X ( ) miles					
				Hotel Room & Tax					
Payroll Information:				Limo/Taxi/Parking					
(B) Taxable Reimbursements to Employee:				Telephone/Fax					
RLT (8)				Moving Van				*****	
DEPT ACCT #				Storage		*****			
AMOUNT									
(A) Taxable Income to Employee - Third Party Payments:				Grand Total					
RLV (9)				or					
DEPT ACCT #				Department Limit					
AMOUNT				Pmts. to Third Parties: (A)					
(B) Nontaxable Reimbursements to Employee:				ProCard Number					
RLN (10)				CR Number					
DEPT ACCT #				CR Number					
AMOUNT				Less Travel Advances: (A)					
(A) Nontaxable Third Party Payments:				TA Number					
(11)				TA Number					
DEPT ACCT #				I owe Washington University					
AMOUNT				Washington University					
X Traveler's Signature				X Approval Signature		owes me (B)			

Prepared By \_\_\_\_\_ (12)

Phone Number \_\_\_\_\_

Box Number \_\_\_\_\_

Verified in Tax By \_\_\_\_\_

Phone Number \_\_\_\_\_

Box Number \_\_\_\_\_