



SUMMARY OF TRAVEL COSTS

TA Reference # _____ A# _____
 Name _____

Date	LODGING*	Meals				TOTALS
		Breakfast	Lunch	Dinner	Total**	
TOTALS						

The above represent the costs incurred in the performance of University business.

Traveler's Signature
Date

* Receipts for lodging must be provided to support actual amounts claimed. If meal costs exceed \$28 per day, receipts supporting the costs must be attached; otherwise, this schedule of meals will suffice.

** Enter the total of the meals on the per diem line in Section 4 of the Travel Authorization.

Attach this form to the travel authorization being submitted for reimbursement.