



## SUMMARY OF TRAVEL COSTS

TA Reference # \_\_\_\_\_ A# \_\_\_\_\_  
 Name \_\_\_\_\_

Date	LODGING*	Meals				TOTALS
		Breakfast	Lunch	Dinner	Total**	
<b>TOTALS</b>						

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.

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