



EL PASO COMMUNITY COLLEGE
OUT-OF-TOWN EXPENDITURE REPORT

TRIP# _____

NAME: _____ VENDOR NO: _____
ADDRESS: _____ DEPT: _____ EXT: _____
ACCOUNT# xxxxx Gxxxxx 72200 / _____ CAMPUS: _____ PH#: _____
: _____

FUND ORGN ACCT PROG ACTV

Trip Destination _____ Time Period : From: _____ To _____

AN APPROVED COMPLETED REPORT MUST BE SUBMITTED TO ACCOUNTS PAYABLE WITHIN 10 DAYS AFTER RETURN FROM TRIP WITH RECEIPTS ATTACHED, REIMBURSEMENT WILL BE MAILED WITHIN 15 DAYS.

TOTAL EXPENDITURES _____

TRANSPORTATION:

Airfare or _____

Automobile (Computed Road Map Mileage) _____

OTHER EXPENSES:

Lodging _____

Meals (Personal \$30.00/day limit) _____

Taxi _____

Parking _____

Car Rental _____

Registration Fees _____

Miscellaneous (Explain and Attach Support) _____

Car Insurance _____

Gas _____

TOTAL EXPENDITURES

EMPLOYEE SIGNATURE _____

Date Submitted: _____

PREPAID ITEMS:

Travel Advance _____

Airline Tickets _____

Lodging _____

Car Rental _____

Registration _____

Other - Explain _____

LESS TOTAL PREPAID _____

DIFFERENCE _____

* Extra check returned to Accounts Payable 4/1/04

BALANCE DUE EMPLOYEE:
Check issued and mailed to employee
in the amount of: \$ _____

AMOUNT OWED EPCC \$ _____

APPROVALS: Budget Head: _____ Date: _____

Other Authorizing Signature: _____ Date: _____

(FOR ACCOUNTING USE ONLY)

Document Number: _____ Submission: _____ Document Total: _____

Status Sequence: Journal Type
Fund Orgn Acct Prog Actv
Fund Orgn Acct Prog Actv
Amount: DC:

TRIP REPORT

Name of Person Traveling:

Department:

Date of Travel:

Place and Reason:

Description of Activity:

Pertinent observation relative to EPCC:

Key Contacts: