

## **STATEMENT OF TRAVEL EXPENSE - DUAL CREDIT**

Requestor Destination		Department ID: Fund:		
Travel Date(s)		Account:		
Expense Type		Paid by Employee or Pay to Employee	Paid on Lee MasterCard	
Personal Car: Miles* (No. of	miles)		Not applicable	
Public Transportation				
Accommodations				
Total of Other Expenses				
Meal Per Diems				
— First Day**		-	Not applicable	
<ul> <li>Subsequent Days***</li> </ul>			Not applicable	
TOTALS				
		te print-out (e.g., Google Map.  Date	•	
Amount Due Requestor				
Amount Returned	Receipt #	Date		
	S	ignatures		
equestor	Date	V.P./Associate V.P.	Date	
epartment Chair	Date	Purchasing	Date	
irector of Dual Credit	Date			