

**VILLANOVA UNIVERSITY  
COLLEGE OF NURSING  
EXPENSE REPORT FOR CLINICAL TRAVEL ONLY**

Reason for trip: \_\_\_\_\_ Dates of trip: \_\_\_\_\_

**ADDRESS WHERE CHECK SHOULD BE SENT:** \_\_\_\_\_  
\_\_\_\_\_

<u>TRANSPORTATION</u>	
Railroad:	\$ _____
Plane:	\$ _____
Auto:	\$ _____ Mileage: _____
Toll:	\$ _____
Parking:	\$ _____
Taxi:	\$ _____
Tips:	\$ _____
<b>TOTAL:</b>	<b>\$ _____</b>
<b>(A)</b>	

**GRAND TOTAL:** \$ \_\_\_\_\_

***NOTE: PLEASE ATTACH ALL RECEIPTS TO REPORT ON SEPARATE SHEET OF PAPER!***

**PLEASE CHECK:** (See Faculty Handbook-Conventions and Trips)

Category a: _____	Cash Advanced: \$ _____
Category b: _____	Cash Returned: ( _____ )
Category c: _____	or
Category d: _____	Cash Due: \$ _____
Category e: _____	
Category f: _____	<b>TOTAL EXPENSES</b> \$ _____

Department to be charged: \_\_\_\_\_ Faculty Signature: \_\_\_\_\_

Account Number: \_\_\_\_\_ Faculty Banner ID #: \_\_\_\_\_

Approved by: \_\_\_\_\_

**Total Mileage** to and from Agency \_\_\_\_\_ (for one day)

**Total Mileage** to and From Villanova University to Home \_\_\_\_\_ Miles

<b>TOTAL</b>	_____ (for one day)
<b>Number of Days X</b>	_____
<b>Total Mileage</b>	_____
<b>X \$ .48.5</b>	_____

**TOTAL AMOUNT** \_\_\_\_\_