



Travel & Entertainment (T&E) Form

PART 1 - Travel & Entertainment (T&E) Form

Presbyterian College Travel Expense Report	Last Name	First Name	Department/Org	Date 7/29/2025	Travel Voucher #
Destination	Purpose of Trip (use page two for further detail)			Begin Date	End Date
Estimated Cost	Approved Amount		Account # (Primary)	Account # (Secondary)	

PART 2 - TRAVEL EXPENSE REPORT

Date													
Payment Method	PC Paid	Cash	PC Paid	Cash	PC Paid	Cash	PC Paid	Cash	PC Paid	Cash	PC Paid	Cash	Total
LODGING													
Lodging & Hotel													0.00
Tips													0.00
Lodging total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MEALS													
Breakfast													0.00
Lunch													0.00
Dinner													0.00
Meals total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BUSINESS													
Registration													0.00
Entertainment													0.00
Business total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TRANSPORTATION													
Airfare/Rail													0.00
Auto Rental													0.00
Gas for Rental Car													0.00
Local (Taxi, Bus)													0.00
Tolls/Parking													0.00
Number of Miles													
x 0.50 /mile	0.00		0.00		0.00		0.00		0.00		0.00		0.00
Transp. total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Miscellaneous													
Phone/Fax/Internet													0.00
Other													0.00
Other													0.00
Misc. total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Notes/Substantiation

PC Credit Card/Direct Bill/Advance	0.00
Expenses assumed by TRAVELER	
NET	0.00
(For Business Office Use Only)	
Due PC	0
Due TRAVELER	0

Supervisor Approval	Date	Other Required Approval (Budget Mgr/Leadership Team)	Date
Traveler Signature	Date	Audited By	Date

FOR BUSINESS OFFICE USE ONLY

Please submit a check, made to Presbyterian College, in the amount of \$_____ along with a copy of this Expense Report to _____ by _____.

Pre-Travel Worksheet		Name: _ 0 0		
		Org & Account to charge: __ 0 0		
		First Day of Travel _____		
Cost Estimate (to be completed by traveler)		Approved Amt./Comments (Office Use)		
Transportation:				
Lodging:				
Meals:				
Registration:				
#Miles	0.50 /Mile			\$0.00
Miscellaneous:				
TOTAL:				\$0.00
Purpose of Trip (details to be completed by traveler)				

Date _____

Note: Request over \$ 5,000.00 must have quotes attached and require Officer approval.