OFFICE OF FISCAL SERVICES

XAVIER UNIVERSITY LOUISIANA

TRAVEL EXPENSE REPORT

1. EMPLOYEE/PAYEE INFORMATION	
NAME:	*XULA ID:*
ADDRESS:	
EMAIL:	*CAMPUS EXT.:*

2. BUSINESS PURPOSE

LOCATION OF TRAq450 1 Am( )1 A<</MCID 7 >>BDC q 33.54 600.18 544.919 13.019 rmscn /TT4 1 T353.234A<</MCI 0..<*

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

Total	0.00
Less Advance	
Due to University	
Due to Traveler	

	Signature:	Date:
Grant/Project Manager Print Name:	Signature:	Date:
Traveler Print Name:	Signature:	Date:

EXHIBIT II