

TEAM/GROUP TRAVEL DISBURSEMENT REGISTER

GROUP NAME: _____

FACULTY/STAFF SPONSOR: _____

DATE(S) OF TRAVEL: _____

TRAVEL ADVANCE AMOUNT: _____

<u>DATE</u>	<u>NAME</u>	<u>PURPOSE/AMOUNT</u>	<u>SIGNATURE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This form typically used for meal allowance disbursements.
Per diem must not exceed federal rates for location.
Cannot use state funds.