## **OAKWOOD UNIVERSITY**

No.\_\_\_\_\_

## Campus Leave Request/Travel Expense Report

Whenever it becomes necessary to be absent from your employment on the business of the University, this form must be completed and submitted to your supervisor at least ONE WEEK in advance. All signatures must be secured before submitting.

Employee Name:		_ ID#:	Date	
Department	Division DATE OF RETURN TO WORK			
DATE OF DEPARTURE:			/ORK	
TOTAL NUMBER OF DAYS AWAY FRO	M EMPLOYMENT:			
Purpose:				
(CITY)	(STA	TE)	(TELEPHONE)	
	V-	,		
Check and specify Account Number:    [ ] University Funds		Please itemiz	e expenses.	
Estimate:				
Employee Signature	Airfare: Mileage: Car Rental: Lodging: Per Diem: Registration Fee: Other: <b>TOTAL</b>	\$ \$ \$ \$ \$		
	APPROVAL SIGN	ATURES		
Department Head	Date	University Offic	er	Date
EXPENSES: Obtain receipts for lodging; ti	cket stubs for air travel (touri	st), bus or rail trav	el, and registration fee. Ar	i expense repor

EXPENSES: Obtain receipts for lodging; ticket stubs for air travel (tourist), bus or rail travel, and registration fee. An expense report along with receipts should be submitted to the Accounting Department within five days following travel. Failure to submit report will result in salary advance being deducted from your next paycheck. Expense Report must have signatures of employee, department head, college officer/title III department head.