SOUTH TEXAS COLLEGE OF LAW

Individual Expense Statement

EXHIBIT 1-1A
Revised 6/2011

NAME:	DEPARTMENT:	DATE:
PURPOSE OF TRIP OR EXPENDITURE:		

DATE OF EXPENSE MO/DAY/YR (A)	DESCRIPTION OF TRIP (City To-From) (B)	TRANSPOR-TATION (C)	LODGING (D)	MEALS (E)	BUSINESS USE OF PERSON CAR		ENTERTAINMENT See reverse side (H)	OTHER EXPENSES AMOUNT (I)	DESCRIPTION (J)	TOTAL DAILY EXPENSE (K)
					MILES (F)	AMOUNT (G)				
TOTALS										$

LESS: CASH RECEIVED	$
LESS: COMPANY PAID EXPENSES	$
NET BALANCE DUE (FROM) INDIVIDUAL	$

Vendor Code:				
Invoice No.:				
FUND	ORG	ACCOUNT	PROG	$AMOUNT
( )				
( )				
( )				
( )				
( )				

PREPARED BY: _____ DATE: _____

DEPT. APPROVAL: _____ DATE: _____

PRESIDENT/DEAN,
SR.V.P.,OR EXEC V.P.: _____ DATE: _____