

TRAVEL EXPENSE CLAIM

| / Traveler — | Reason for Travel / Date | | | | | | | | | | |
|---|------------------------------------|---------|----------------|------------------------------------|-------------|-------------|---------|---------------------------|-------------------------------|-------|--|
| Name Email / Phone Address | | | | Date(s) Location | | | | | | | |
| City State / Zip Dept / Club Account# TA# * | | | | Purpose of Tri | ip, Remarks | , and Detai | IS | | | | |
| Date | Description | Airfare | Lodging | Reg. Fees | Meals | Private | Car Use | Incidentals | Misc. | Total | |
| From To | Original Receipts Must be Attached | | | Conf / Seminar | | Miles | Amount | Tips, Phone Calls, etc | Rental Car, Bus, Taxi, etc | | |
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| Claiment's Signature | | | Mileage Rate C | Claimed: | \$0.540 | | Le | ss: Direct Bill** | | | |
| | | | | Less: Travel Advance** | | | | | | | |
| Traveler | | Date | _ Ap | proved By | | | | | Claim Total | | |
| I certify that: | | | | | | | | | | | |
| I have received authorization to travel and actually spent the amount for listed expenses. I have verified that the amount due is accurate and have not and will not seek reimbursement for (1) a duplicate claim or (2) from any other source. | | | | Officer / Supervisor Title | | | | | | | |
| *Travel Authorization Code (TA#) is assigned by ASI Financial Services upon submission of the Travel Authorization Form. ** Payments made to vendors directly from the account (Direct Bill) and Travel Advance should be listed, but should be excluded from total claim. | | | | Advisor / Supervisor Title | | | | | | Date | |
| | | | | ASI Executive Director (ASI Staff) | | | | | | | |