



FINANCIAL SERVICES

TRAVEL EXPENSE CLAIM

Traveler

Name _____
 Email / Phone _____
 Address _____
 City _____
 State / Zip _____
 Dept / Club _____
 Account# _____
 TA# * _____

Reason for Travel / Date

Date(s) _____
 Location _____

Purpose of Trip, Remarks, and Details

Date		Description <i>Original Receipts Must be Attached</i>	Airfare	Lodging	Reg. Fees Conf / Seminar	Meals	Private Car Use		Incidentals Tips, Phone Calls, etc	Misc. Rental Car, Bus, Taxi, etc	Total
From	To						Miles	Amount			

Claimant's Signature _____

Mileage Rate Claimed:

\$0.535

Less: Direct Bill**

Less: Travel Advance**

Claim Total

Traveler _____ Date _____

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.
 *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.

Approved By

 Officer / Supervisor Title Date

 Advisor / Supervisor Title Date

 ASI Executive Director (ASI Staff) Date