FINANCIAL SERVICES

TRAVEL EXPENSE CLAIM

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	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	
								$ 0.00			$ 0.00
								$ 0.00			$ 0.00
								$ 0.00			$ 0.00
								$ 0.00			$ 0.00
								$ 0.00			$ 0.00
								$ 0.00			$ 0.00
								$ 0.00			$ 0.00
								$ 0.00			$ 0.00
								$ 0.00			$ 0.00
								$ 0.00			$ 0.00
								$ 0.00			$ 0.00
								$ 0.00			$ 0.00
			$ 0.00	$ 0.00	$ 0.00	$ 0.00	0	$ 0.00	$ 0.00	$ 0.00	$ 0.00

Claimant's Signature

Mileage Rate Claimed: *$0.545*

*Less: Direct Bill***

*Less: Travel Advance***

Claim Total $ 0.00

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

Signature of Officer / Supervisor ***Title*** ***Date***

Signature of Advisor / Supervisor ***Title*** ***Date***

Signature of Department Head (Staff Only) ***Date***