



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

Claimant's Signature \_\_\_\_\_

Mileage Rate Claimed: \$0.58  
 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 \_\_\_\_\_

Signature of Officer / Supervisor \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature of Advisor / Supervisor \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature of Department Head (Staff Only) \_\_\_\_\_ Date \_\_\_\_\_