Travel Expense Claim (T.E.C.) Form

Submission of the Travel Expense Claim form is required whenever travel expenses have been incurred. Submission of the Travel Expense Claim form validates the travel expenses.

That said, a Travel Expense Claim Form must be submitted along with all associated receipts and proof of payment items via a <u>Disbursement Request (DR) Form</u>. Your group/club is responsible for submitting these items by the deadline assigned by the ASI Financial Services office.

If we do not receive DR submissions and/or Travel Expense Claim Forms by the date provided, our office will assume that no expenses were incurred, and therefore no reimbursements are owed. Thus, it is very important that your e-board submits these documents on time.

How to

Filling in the Travel Expense Claim (T.E.C.) Form

- 1. Include your name (the person being reimbursed for travel or who the travel advance check was made out to), email and phone number, address, club name, account number, and travel authorization number which was assigned and given when the travel forms were submitted.
- 2. The date, location, and purpose of the travel should match the travel forms. Include any important financial remarks or details that came up during the travel.
- 3. List expenditures by date and by type. Original receipts must be attached.
- 4. When a personal vehicle was used and mileage reimbursement is being requested, include the miles driven. Attach a Google Map as the supporting document. The mileage reimbursement will automatically calculate using the current IRS standard. If a rental car was used, include original gas receipts, and place the amount under "Misc.". The mileage rate will change each year, so be sure to use the travel forms for the year in which the off-campus event/trip takes place.
- 5. Total for each line will be automatically calculated. If any payments were made directly from the account previously (direct bill), then put the amount in the "Less: Direct Bill" line. Put the amount of the travel advance received in the "Less: Travel Advance" line. If expenditures exceeded the amount of direct bill and travel advance, the "Claim Total" will be greater than zero. This is the amount of reimbursement that is due the traveler. A disbursement request (DR) for that amount will need to be submitted.
- **6.** Sign to certify that the travel expense claim was verified and is accurate.
- 7. Obtain the signature of one authorized signer and the signature of the advisor.



TRAVEL EXPENSE CLAIM

Less: Travel Advance**

Claim Total

\$ 1,700.00

\$ 600.00

Date

Date

Name Billy Bronco Email / Phone bbronco@cpp.edu (909) 829-2800 Address 01234 W. Main St. City Pomona State / Zip 91789 Dept / Club Sample Club Account# 3S0123 TA# * TA2223-0014 and Cash Advance 2134 Reason for Travel / Date

Date(s) July 10-15, 2022 Location Maui, Hawaii

Purpose of Trip, Remarks, and Details

This trip was selected because the club is dedicated to exploring cultures, environments, and the influence of modern trends on both of the prior two topics. On this trip, the club members hiked, visited museums, and observed coral reefs.

Date Description Airfare Lodging Reg. Fees Meals Private Car Use Incidentals Misc.										Total	
Date		Description	Alliale	Lodging	Reg. Fees	Meais			Incidentals	·	Total
From	ТО	Original Receipts Must be Attached			Conf / Seminar		Miles	Amount		Rental Car, Bus,	
ļi							ļ		Calls, etc	Taxi, etc	
07/10/2022	07/15/2022	Best Flights Airlines (Ticket Expenses)	\$ 600.00					\$ 0.00			\$ 600.00
07/10/2022	07/15/2022	Island Views Hotel (Lodging Expenses)		\$ 1,000.00				\$ 0.00			\$ 1,000.00
07/10/2022	07/15/2022	Museum Fees						\$ 0.00		\$ 60.00	\$ 60.00
07/10/2022	07/15/2022	Tour Fees						\$ 0.00		\$ 60.00	\$ 60.00
07/10/2022	07/15/2022	Hiking Fees						\$ 0.00		\$ 80.00	\$ 80.00
07/10/2022	07/15/2022	Rental Car Fees						\$ 0.00		\$ 200.00	\$ 200.00
07/10/2022	07/15/2022	Meals Expenses				\$ 300.00		\$ 0.00			\$ 300.00
								\$ 0.00			\$ 0.00
								\$ 0.00			\$ 0.00
								\$ 0.00			\$ 0.00
								\$ 0.00			\$ 0.00
								\$ 0.00			\$ 0.00
Claimantle Signature			\$ 600.00	\$ 1,000.00	\$ 0.00	\$ 300.00	0	\$ 0.00	\$ 0.00	\$ 400.00	\$ 2,300.00
Claimant's Signature			Mileage Rate Claimed: Less: Direct Bill**								

Billy Bronco's Signature

07/18/2022

I certify that:

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 07/18/2022 Advisor's Signature Advisor Signature of Advisor / Supervisor Title

\$0.655

Signature of Department Head (Staff Only) Date