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 Disbursement Request (DR) Form. 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

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

**Reason for Travel / Date**
- Date(s): July 15-12, 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.

**Claimant's Signature**
- Name: Billy Bronco's Signature
- Date: 07/18/2022

<table>
<thead>
<tr>
<th>Date</th>
<th>From To</th>
<th>Description</th>
<th>Original Receipts Must Be Attached</th>
<th>Airfare</th>
<th>Lodging</th>
<th>Reg. Fees</th>
<th>Meals</th>
<th>Private Car Use</th>
<th>Incidental</th>
<th>Misc.</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/16/2022</td>
<td>07/18/2022</td>
<td>Best Friends Airlines (Ticket Expenses)</td>
<td>Yes</td>
<td>$500.00</td>
<td>$1,050.00</td>
<td>$0.00</td>
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<td>$0.00</td>
<td>$100.00</td>
<td></td>
</tr>
<tr>
<td>07/19/2022</td>
<td>07/19/2022</td>
<td>Island View Hotel (Lodging Expenses)</td>
<td>Yes</td>
<td>$500.00</td>
<td>$1,050.00</td>
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<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$100.00</td>
<td></td>
</tr>
<tr>
<td>07/19/2022</td>
<td>07/20/2022</td>
<td>Rental Car Fees</td>
<td>Yes</td>
<td>$500.00</td>
<td>$1,050.00</td>
<td>$0.00</td>
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<tr>
<td>07/20/2022</td>
<td>07/20/2022</td>
<td>Meals Expenses</td>
<td>Yes</td>
<td>$500.00</td>
<td>$1,050.00</td>
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</tr>
</tbody>
</table>

**Claimed Mileage Rate:** $0.655

**Less: Direct Bill**

**Less: Travel Advance**

**Claim Total:** $600.00

**Traveler**
- Date: 07/18/2022

**Approved By**
- Signature of Officer / Supervisor: [Signature]
- Title: [Title]
- Date: [Date]

**Advisor's Signature**
- Advisor: [Signature]
- Date: 07/18/2022

**Claim Total**
- Date: [Date]