

## TRAVEL EXPENSE CLAIM

Travel	er —			Reason for Travel / Date							
Name Email / Phone					Date(s) Location						
Address City State / Zip Dept / Club Account# TA# *					Purpose of Tri	ip, Remarks	, and Deta	ils			
Date From To		Description Original Receipts Must be Attached	Airfare	Lodging	Reg. Fees Conf / Seminar	Meals	Private Miles	Car Use Amount	Incidentals Tips, Phone Calls, etc	Misc. Rental Car, Bus, Taxi, etc	Total
						••••••					
Claimant's Signature					Mileage Rate 0	Claimed:	\$0.655			s: Direct Bill** vel Advance** Claim Total	
Traveler			Ap	proved By					Claim Total L		
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.					Signature of Officer / Supervisor Title Date						Date
					Signature of Advisor / Supervisor Title						Date
					Signature of Department Head (Staff Only)  Date						