

TRAVEL EXPENSE CLAIM

/ Traveler				Reason for Travel / Date						
Name Email / Phone Address City State / Zip Dept / Club Account# TA# *				Date(s) Location Purpose of ⊺						
Date	Description	Airfare	Lodging	Reg. Fees	Meals	Private	Car Use	Incidentals	Misc.	То
From To	Original Receipts Must be Attached	Antare	Longing	Conf / Seminar	means	Miles	Amount	Tips, Phone Calls, etc	Rental Car, Bus, Taxi, etc	10
							\$			\$
							\$			\$
							\$			\$
							\$			\$
							\$			\$
							\$			\$
							\$			\$
							\$			\$
							\$			\$
							\$			\$
							\$			\$
							\$			\$
Claimant's Signature		\$	\$	\$	\$		\$			\$
annant s Siyna	luie			Mileage Rate	Claimed:	\$0.670			s: Direct Bill**	\$
									vel Advance**	\$
			-						Claim Total	\$
aveler		Date	Ар	proved By						
penses. I have ve	horization to travel and actually spent the erified that the amount due is accurate an prsement for (1) a duplicate claim or (2) fr	nd have not and	d	Signature of C	Officer / Super	rvisor	Title			Da
source. *Travel Authorization Code (TA#) is assigned by ASI Financial Services upon submission of the Travel Authorization Form.				Signature of Advisor / Supervisor Title						Da
* Payments made to vendors directly from the account (Direct Bill) and				Signature of Department Head (Staff Only)						Da