

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

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

Name: Billy Bronco
 Email / Phone: bbronco@cpp.edu (909) 829-2800
 Address: 01234 W. Main St.
 City: Pomona
 State / Zip: 91769
 Dept / Club: Sample Club
 Account#: 350123
 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 <i>Original Receipts Must be Attached</i>	Airfare	Lodging	Reg. Fees Conf / Seminar	Meals	Private Car Use		Incidentals Tips, Phone Calls, etc	Misc. Rental Car, Bus, Taxi, etc	Total
From	To						Miles	Amount			
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
								\$ 0.00			\$ 0.00
								\$ 0.00			\$ 0.00
			\$ 600.00	\$ 1,000.00	\$ 0.00	\$ 300.00	0	\$ 0.00	\$ 0.00	\$ 400.00	\$ 2,300.00

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

*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.*

Mileage Rate Claimed:
 Less: Direct Bill** \$ 1,700.00
 Less: Travel Advance** \$ 600.00
Claim Total \$ 600.00

Approved By:
 Signature of Officer / Supervisor: _____ Title: _____ Date: _____
 Advisor's Signature: _____ Advisor: _____ Date: 07/18/2022
 Signature of Advisor / Supervisor: _____ Title: _____ Date: _____
 Signature of Department Head (Staff Only): _____ Date: _____