

TRAVEL EXPENSE CLAIM

/ Trave	ler —			Reason for Travel / Date								
Name Email / Phone				_	Date(s) Location							
Address City State / Zip Dept / Club				- - -	Purpose of 1	rip, Remark	ks, and De	etails				
Account TA# *	:#			_								
From	ate To	Description Original Receipts Must be Attached	Airfare	Lodging	g 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		\$0.70	ı	Less: Direct Bill**		\$	-
									Less: Trav	el Advance**	\$	-
										Claim Total	\$	-
Traveler			Date	A _l	pproved By							
I certify th	at.											
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				d .	Signature of Officer / Supervisor Title							Date
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					Signature of Advisor / Supervisor Title						1	Date
Advance should be listed, but should be excluded from total claim.					Signature of Department Head (Staff Only) Date							Date