



# TRAVEL EXPENSE CLAIM

**Traveler**

Name \_\_\_\_\_

Email / Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State / Zip \_\_\_\_\_

Dept / Club \_\_\_\_\_

Account# \_\_\_\_\_

TA# \* \_\_\_\_\_

**Reason for Travel / Date**

Date(s) \_\_\_\_\_

Location \_\_\_\_\_

Purpose of Trip, Remarks, and Details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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			
											\$
											\$
											\$
											\$
											\$
											\$
											\$
											\$
											\$
											\$
											\$
											\$
											\$
											\$
											\$
											\$
Claimant's Signature			\$	\$	\$	\$	\$	\$	\$	\$	\$
Mileage Rate Claimed:						\$0.70					
Less: Direct Bill**											\$
Less: Travel Advance**											\$
<b>Claim Total</b>											<b>\$</b>

**Traveler** \_\_\_\_\_ **Date** \_\_\_\_\_

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

**Approved By** \_\_\_\_\_

\_\_\_\_\_  
 Signature of Officer / Supervisor                      Title                      Date

\_\_\_\_\_  
 Signature of Advisor / Supervisor                      Title                      Date

\_\_\_\_\_  
 Signature of Department Head (Staff Only)                      Title                      Date