



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 Original Receipts Must be Attached	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			
								\$ 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
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								\$ 0.00			\$ 0.00
								\$ 0.00			\$ 0.00
								\$ 0.00			\$ 0.00
								\$ 0.00			\$ 0.00
								\$ 0.00			\$ 0.00
Claimant's Signature			\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Mileage Rate Claimed:							\$0.725	Less: Direct Bill**		\$	
								Less: Travel Advance**		\$	
Claim Total							\$			0.00	

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

<i>Signature of Officer / Supervisor</i>	<i>Title</i>	<i>Date</i>
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<i>Signature of Advisor / Supervisor</i>	<i>Title</i>	<i>Date</i>
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Signature of Department Head (Staff Only)
Date