

## FOR FISCAL USE ONLY

## TRAVEL EXPENSE CLAIM FORM

| DEPARTMENT:                                      |                    |       |                    |                  | SCHOOL:              |               |                  |             |        |            |  |
|--|--------------------|-------|--------------------|------------------|----------------------|---------------|------------------|-------------|--------|------------|--|
| BUDGET CODE:                                     |                    |       |                    | FOR PERIOD FROM: |                      |               | TO:              |             |        |            |  |
| PREP   | ARE IN INK         | 1     | THIS CLAIM MUST BE | PREPARE          | D IN ACCOR           | DANCE WITH T  | RAVEL POLICIES   |             |        | Í          |  |
|  |                    | TIME  |                    | TIME             | TRANSPORTATION       |               | MEALS            |             |        |            |  |
| DATE   | DEPARTURE LOCATION | AM/PM | ARRIVAL LOCATION   | AM/PM            | MILES                | LODGING       | BREAKFAST        | LUNCH       | DINNER | TOTAL COST |  |
|  |                    |       |                    |                  |                      |               |                  |             |        |            |  |
|  |                    |       |                    |                  |                      |               |                  |             |        |            |  |
|  |                    |       |                    |                  |                      |               |                  |             |        |            |  |
|  |                    |       |                    |                  |                      |               |                  |             |        |            |  |
|  |                    |       |                    |                  |                      |               |                  |             |        |            |  |
|  |                    |       |                    |                  |                      |               |                  |             |        |            |  |
|  |                    |       |                    |                  |                      |               |                  |             |        |            |  |
|  |                    |       |                    |                  |                      |               |                  |             |        |            |  |
| TYPE OR PRINT COMPLETE HOME ADDRESS              |                    |       |                    |                  |                      |               |                  |             |        |            |  |
| EMPLOYEE NAME:                                   |                    |       |                    | _                | AMOUNT DUE CLAIMANT: |               |                  |             |        |            |  |
|  |                    |       |                    | _                |                      | I CERTIFY THA | AT THIS CLAIM IS | TRUE AND CO | DRRECT |            |  |
| EMPLOYEE SIGNATURE:                              |                    |       | _                  |                  | ADMIN SIGNATURE      |               |                  |             | DATE   |            |  |
|  |                    |       |                    |                  |                      | SCHOOL        |                  |             |        | DATE       |  |
| ATTACH ITEMIZED RECEIPTS TO SUPPORT ALL EXPENSES |                    |       |                    |                  |                      | APPROVED      |                  |             |        | DATE       |  |