

**FOR FISCAL USE ONLY**

DEPARTMENT: _____

BUDGET CODE: _____

TRAVEL EXPENSE CLAIM FORM

SCHOOL: _____

FOR PERIOD FROM: _____ TO: _____

PREPARE IN INK

THIS CLAIM MUST BE PREPARED IN ACCORDANCE WITH TRAVEL POLICIES

[illegible]

TYPE OR PRINT COMPLETE HOME ADDRESS

EMPLOYEE NAME: _____

AMOUNT DUE CLAIMANT:

I CERTIFY THAT THIS CLAIM IS TRUE AND CORRECT

EMPLOYEE SIGNATURE: _____

ADMIN SIGNATURE

DATE _____

SCHOOL

DATE _____

APPROVED

DATE _____

ATTACH ITEMIZED RECEIPTS TO SUPPORT ALL EXPENSES