FOR FISCAL USE ONLY **TRAVEL EXPENSE CLAIM FORM**

DEPARTMENT: _____ SCHOOL: _____

BUDGET CODE: _____ NAME OF EVENT: _____

FOR PERIOD FROM: _____ TO: _____

PREPARE IN INK **RECEIPTS MUST ACCOMPANY REIMBURSEMENT REQUEST** **THIS CLAIM MUST BE PREPARED IN ACCORDANCE WITH TRAVEL POLICIES**

DATE	DEPARTURE LOCATION	TIME AM/PM	ARRIVAL LOCATION	TIME AM/PM	TRANSPORTATION		PARKING	LODGING	MEALS			TOTAL COST
					MILES	MILEAGE AMOUNT (.76 eff 7/1/26)			Breakfast Up to $16.00	Lunch Up to $19.00	Dinner Up to $28.00	

TYPE OR PRINT **COMPLETE** HOME ADDRESS:

NAME _____

_____

_____

AMOUNT DUE CLAIMANT: _____

I CERTIFY THAT THIS CLAIM IS TRUE AND CORRECT

_____

EMPLOYEE SIGNATURE DATE

ADMIN SIGNATURE: _____ DATE: _____

SCHOOL: _____ DATE: _____

APPROVED: _____ DATE: _____

REV 7-1-26