

# CLAIM FOR EMPLOYEE TRAVEL EXPENSE

Use This Form To **Clear Expenses From Travel Request**

Date: \_\_\_\_\_

Employee ID No.: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Sort Code / Extension: \_\_\_\_\_

Prepared by: \_\_\_\_\_ Ext.: \_\_\_\_\_

I declare under penalties of perjury that this claim (including any accompanying evidence) has been examined by me and to the best of my knowledge and belief is a true and correct claim in best conformance with the governing statutes and the rules and regulations as promulgated by the Board of Examiners.

☐ I do

☐ I do not have a travel advance

Claimant Signature Required

Date

## TRAVEL EXPENSE WORKSHEET

Travel Date								
Day of Week								
Departure Time								
Return Time								
	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Total
Airfare								
Hotel								
Room Tax / Fees								
Auto Rental								
Taxi / Bus / Shuttle								
Mileage								
Fuel / Tolls								
Hotel Parking								
Airport Parking								
Calls / Internet								
Meals / Incidentals								
Miscellaneous								
Meals Not Claimed								
							Total	

	Breakfast	Lunch	Dinner	I/E	Total
Federal Per Diem Rate					
Maximum Lodging					
Federal Lodging Rate				Total	

**NOTE:** With the exception of per diem and incidental expenses, all claimed expenses must be documented. In-state travel requires the approval of the dean/director. Out-of-state travel also requires the approval of the vice president.

Approved by Dean/Director

Date

Approved by Vice President

Date

ACCOUNTING INFORMATION						CLAIM SUMMARY (complete all fields)	
FUND	AREA	ORGN	OBJ	SOBJ	AMOUNT	Total of this Claim	
						Air Fare to Travel Agency	
						Prepaid Expenses (Team/Group)	
						Balance of Claim	
						Advance Received	
(Total must match worksheet total)					<b>TOTAL</b>	Balance Due Traveler (College)	