



Financial Services Use Only

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	Total						
Airfare								
Hotel								
Room Tax / Fees								
Auto Rental								
Taxi / Bus / Shuttle								
Mileage								
Fuel / Tolls								
Hotel Parking								
Airport Parking								
Calls / Internet								
Meals / Incidentals								
Miscellaneous								
<i>Meals Not Claimed</i>								
								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 <small>(complete all fields)</small>	
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	Balance Due Traveler (College)	
(Total must match worksheet total)							