

FOR FISCAL USE ONLY

CLAIM FOR TRAVEL EXPENSES

FUND _____
 DEPT _____
 LINE ITEM _____
 SUB FUND _____
 COST CTR _____
 SUB OBJ _____

SCHOOL _____
 FOR PERIOD FROM: _____ TO _____

This form must be completed and appropriately for proper re-imbursement

TYPE OR COMPLETE IN INK

Date	Place Left	Time Left AM/PM	Place Arrived	Time Arrived AM/PM	Transportation				Subsistence				OTHER EXPENSES ITEMIZED, ATTACH RECEIPTS AND EXPLAIN		TOTAL	
					Miles	Mileage Amount	Airline/ Other	Taxi or Limo	Lodging	Break- fast	Lunch	Dinner	Expense	Cost		
TOTALS																

Type or Print Complete Home Address

Name _____

SSN: _____

Address _____

ADDITIONAL EXPLANATION:

I CERTIFY THAT THIS CLAIM IS TRUE AND CORRECT	GROSS TOTAL
	Less Temp. Travel Advance -----
	AMT. DUE CLAIMANT
Signature (claimant)	AMT. DUE SCHOOL
Signature (Principal/Supervisor)	
School/Department	Date
Approved (Principal/Supervisor)--funds are available	Date

Current State Rate is \$0.38 per mile driven.