



EXPENSE CLAIM FOR AUTHORIZED TRAVEL

(To be Attached to Travel Request Form)

V# _____

B/PO# _____ LN# _____

NAME _____ S.S. # (4 digits only) _____ DATE _____ SAC(s)# _____

PURPOSE _____ DESTINATION _____ AUTHORIZED AMT. _____

Date & Time Dept/Return	Mileage (Miles/\$\$)	Plane/ Transportation	Meals	Lodging	Registration	Misc.	TOTAL EXPENSES
			B _____ L _____ D _____ Total				
			B _____ L _____ D _____ Total				
			B _____ L _____ D _____ Total				
			B _____ L _____ D _____ Total				
							TOTAL EXPENSES
							<PREPAID EXP>
							TOTAL CLAIM

I certify that this is a true statement and all necessary receipts are attached.

Claimant Signature

Supervisor's Signature