



TRAVEL EXPENSE ACCOUNT

Name					Employee ID Number						
Street					Title						
City		State		Zip		Department					
Purpose of trip must be stated here:											
Date	---Points of Travel---		Private Car Miles (Whole Miles)	Rate per Mile	Hour of Departure		Hour of Return to Base		Number of Units Per diem	Amount Per diem Claimed	
	From	To			a.m.	p.m.	a.m.	p.m.			
TOTAL AMOUNT FOR TRANSPORTATION							TOTAL PER DIEM				
TOTAL MISCELLANEOUS											
Detail all miscellaneous expenses and furnish receipts as required. Attach extra sheets if necessary.			AMOUNT	TOTAL THIS EXPENSE ACCOUNT							
				<p style="text-align: center;">I HEREBY CERTIFY that the above expenses are correct and were incurred in connection with official duties of Athens State University. I further certify that any eligible per diem not claimed is waived, the total claimed for travel reimbursement represents all expenses to be reimbursed for the trip, and I acknowledge that it is understood that any travel reimbursement claims received by the Office of Financial Affairs after two months from the date of travel will be disallowed.</p> <p style="text-align: center;">_____</p> <p style="display: flex; justify-content: space-between; width: 100%;"> Signature of Claimant Date </p>							
TOTAL											

Account Number	Amount

College Dean /Department Head Date

Vice President Date