



# 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.			
<b>TOTAL AMOUNT FOR TRANSPORTATION</b>									<b>TOTAL PER DIEM</b>		
<b>TOTAL MISCELLANEOUS</b>											
Detail all miscellaneous expenses and furnish receipts as required. Attach extra sheets if necessary.			AMOUNT	<b>TOTAL THIS EXPENSE ACCOUNT</b>							
				<p>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 <b>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.</b></p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of Claimant <span style="margin-left: 200px;">Date</span></p>							
<b>TOTAL</b>											

Account Number	Amount

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College Dean /Department Head Date

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Vice President Date

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