2020
IN-STATE TRAVEL EXPENSE REPORT

Name		Employee ID Number	
Street		Title	
City	State	Zip	Department
Purpose of trip must be stated here:			

Date	---Points of Travel--- From	To	Private Car Miles (Whole Miles)	Rate **per Mile**	Hour of Departure a.m.	Hour of Departure p.m.	Hour of Return to Base a.m.	Hour of Return to Base p.m.	Number of Units Per diem	Amount Per diem Claimed
			0	$0.00						
			0	$0.00						
			0	$0.00						
			0	$0.00						
			0	$0.00						
			0	$0.00						
			0	$0.00						
			0	$0.00						
TOTAL AMOUNT FOR TRANSPORTATION			0	$0.00					**TOTAL PER DIEM**	$0.00
									TOTAL MISCELLANEOUS	$0.00

Detail all miscellaneous expenses and furnish receipts as required. Attach extra sheets if necessary.	AMOUNT
TOTAL	$0.00

TOTAL THIS EXPENSE ACCOUNT $0.00

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.**

Signature of Claimant Date

Account Number	Amount

College Dean /Department Head Date

Vice President Date

Please be sure to attach the following items:
_____Itemized Receipts
_____Google Map
_____Agenda of Meeting or Name Tag

Updated 01/13/2020