

## 2021 IN-STATE TRAVEL EXPENSE REPORT

Name					Employee ID				
Street									
City, State, Zip									
	se of Travel								
1				Hour of		Amount			
Date	POINTS OF TRAVEL		Private Car Miles	Departure From	Hour of Return To Base	Per Diem	Necessary expenses & Registrations		
	From City	To City		Base	10 Dase	Claimed	Detail	Amount	
TOTAL NUMBER OF MILES TRAVELED					MILEAGE				
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					PER DIEM				
					MISCELLANEOUS EXPENSE				
					TOTAL OF THIS EXPENSE REPORT				
Affairs after <b>two months</b> from the date of travel will be disallowed.					I HEREBY CERTIFY that the below required documents are attached:				
					Proof of Attendance Detailed Google Map Itemized Receipts				
Signature of Claimant Date									
Account Number Amount				Colleş	College Dean/Department Head Date				

Vice President

Date