



## TRAVEL CLAIM

Name:   
 E#:

PO Box:   
 Phone:   
 Fax:

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	
Date								T O T A L S
Destination Start								
Destination End								
<b>TRAVEL EXPENSES</b>								
Registration								-
Transportation								
Airfare								-
Personal Vehicle Miles	-	-	-	-	-	-	-	-
Vicinity Mileage	-	-	-	-	-	-	-	-
Other description								
Other amount								-
Lodging								
Room Rate								
Lodging Taxes								
Lodging Totals	-	-	-	-	-	-	-	-
Meals and Incidentals	FIRST/LAST DAY	FIRST/LAST DAY	FIRST/LAST DAY	FIRST/LAST DAY	FIRST/LAST DAY	FIRST/LAST DAY	FIRST/LAST DAY	
Daily Rate	-	-	-	-	-	-	-	-
Other Travel description								
Other amount								-
<b>DAY TOTALS</b>	-	-	-	-	-	-	-	-

PROCUREMENT OFFICE USE ONLY			
CH	INDEX	ACCT	AMOUNT

Gross Total	-
Less:	
Advances	
Procard Charges	
Prepaid Student Reg fees	
Department Deductions	
Amount due Claimant	-
Amount due ETSU	-

**I certify this claim to be true and correct.**

\_\_\_\_\_  
 Traveler's Signature Date

\_\_\_\_\_  
 Approved Signature Date

\_\_\_\_\_  
 Foundation/Grant Accounting Approval Date

**WHEN TRAVEL IS COMPLETE, SEND ALL ORIGINAL RECEIPTS, APPROVED TRAVEL AUTHORIZATION REQUEST AND TRAVEL CLAIM FORM TO PROCUREMENT OFFICE, BOX 70729. ALL MUST BE ATTACHED BEFORE PROCESSING WILL BEGIN**

TRAVEL AUTHORIZATIONS ARE NOT ENCUMBERED. REIMBURSEMENT OF TRAVEL CLAIM IS DEPENDENT ON AVAILABLE FUNDS WHEN CLAIM IS FILED.