Associated Students, Inc

TRAVEL EXPENSE CLAIM: To be completed within 30 days upon return from business travel

TRAVELER'S NAME	EXT.	DEPT.	
		ASI	Individual
DESTINATION		DATES OF TRAVEL	

RESIDENCE ADDRESS

CITY	STATE	ZIP CODE

(1) MONTH/YEAR		(3)	(4)	(5) MEALS			(6)	(7) TRANSPORTATION						(8)	(9)
(2) DATE OF TRAVEL	TIME	LOCATION of TRAVEL	LODGING	BREAK FAST	LUNCH	DINNER	INCIDEN-TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) TOLLS, SHUTTLE PARKING	(D) PRIVATE CAR USE MILES		Amount	Registration Business Expense Amount	TOTAL EXPENSES FOR DAY
												.58	0		$ 0.00
												.58	0		$ 0.00
												.58	0		$ 0.00
												.58	0		$ 0.00
												.58	0		$ 0.00
												.58	0		$ 0.00
												.58	0		$ 0.00
												.58	0		$ 0.00
												.58	0		$ 0.00
												.58	0		$ 0.00
(10)		SUBTOTALS	0	0	0	0	0	0		0	0		0	0	

(11) Acct	Fund	Dept	Program*	Class*	Project	Amount	TOTAL FROM ABOVE
							$ 0.00

(12) **PURPOSE OF TRIP (MANDATORY):** ATTACH PROOF OF ATTENDANCE AND AGENDA. All receipts are to be attached to the Expenditure Request Form as per the ASI Travel Policy section C.

LESS PER DIEM	
LESS PAID VIA PROCARD	
AMOUNT OF REIMBURSEMENT	$ 0.00
Defensive Driving Course?	NO

☑ Final Claim

CLAIM PREPARED BY: (SIGNATURE)

(15) Traveler's signature below signafies that (s)he hereby certifies that the above is a true statement of the travel expenses incurred by me in accordance with the applicable Associated Students, Inc. procedures and that all items shown were for the official business of ASI.

Traveler's Signature Required: **Date**

Traveler's Supervisor's Signature Required: **Date:**

Executive Director's Signature Required: **Date:**