

Motlow College Claim for Travel Expenses

For period from _____ to _____

Claimant's Name:

Banner Index:

Claimant's Phone No:

Account

Budgetary Head:

Date

Official Station:

This claim must be prepared in accordance with TBR travel regulations.

DATE	PLACE LEFT	TIME LEFT AM/PM	PLACE ARRIVED	TIME ARRIVED AM/PM	TRANSPORTATION				SUBSISTENCE		OTHER EXPENSES			TOTAL
					MILES	MILEAGE AMOUNT	AIRLINE/ OTHER	TAXI OR RENTAL CAR	LODGING	MEALS & INCI-DENTALS (M & I)	PARKING	REGIS-TRATION	OTHER*	

TOTALS

I certify that this claim is true and correct.

*Explanation of Other:

APPROVALS:

Gross Total

Less Travel Advance

Claimant Date

Budgetary Head Date

Vice President Date

Amount Due Claimant