

Name _____
 Address _____

Columbia State Community College
CLAIM FOR TRAVEL EXPENSES

Appendix B
 Policy 03:02:00

For Period From _____ To _____

This claim must be prepared in accordance with travel regulations

Date	Place Left	Time Left	Place Arrived	Time Arrived	TRANSPORTATION			SUBSISTENCE				Itemize	TOTAL
					Miles	Mileage Amount	Other	Lodging	Breakfast	Lunch	Dinner		
TOTALS													

PLEASE NOTE:
 1. If miles traveled from city to city exceed the mileage chart allowance, excess miles must be claimed as vicinity miles on a separate line.
 2. In order to receive reimbursement for meals, time left and time arrived must be included on this claim.

I HEREBY CERTIFY THAT THIS CLAIM IS TRUE AND CORRECT:

 CLAIMANT

APPROVED _____
 SUPERVISOR

APPROVED _____
 TRAVEL BUDGET MANAGER

BUSINESS OFFICE USE ONLY Total of Claim \$ _____ Account Number _____
