# Dixie State University Travel Claim

**Complete all applicable items**

*Yellow Copy for Traveler. Original copy with receipts to Purchasing for reimbursement.*

### Transportation
- [ ] University Vehicle (From Trip Ticket)
- [ ] Private Automobile
- [ ] Rental Vehicle
- [ ] Commercial Airline
  - Travel Agency
- [ ] Other

<table>
<thead>
<tr>
<th>MILES</th>
<th>RATE</th>
<th>COST</th>
</tr>
</thead>
</table>

**Total Transportation**

### Meals & Lodging

<table>
<thead>
<tr>
<th>DATE</th>
<th>B</th>
<th>L</th>
<th>D</th>
<th>Hotel</th>
<th>Amount</th>
</tr>
</thead>
</table>

**Total Meals**

**Total Lodging**

### Other Costs

<table>
<thead>
<tr>
<th>DATE</th>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
</table>

**Total Other**

**Total Expenses for Trip**

**Less Travel Advance Received**

**Less Prepayments Sent**

**Total Reimbursement Request**

**Total Amount Due Dixie State University**

*If Total Expenses exceed the Total Budget by more than ten percent, approval is required by Budget Administrator.*

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**Approval if Needed**

**Signature of Traveler**

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Form TC-1 6/13