DIXIE STATE UNIVERSITY TRAVEL CLAIM

Date _____ 20 _____

Complete all applicable items
Yellow Copy for Traveler. Original copy with receipts to Purchasing for reimbursement.

Number on Travel Authorization	Dates of Travel

Name of Traveler _____

Index Code to be Charged

TRANSPORTATION

	MILES	RATE	COST
❑ University Vehicle (From Trip Ticket)			
❑ Private Automobile			
❑ Rental Vehicle _____			
❑ Commercial Airline Travel Agency _____			
❑ Other _____			
TOTAL TRANSPORTATION			

PURPOSE OF TRIP:

DESTINATION:

MEALS & LODGING

	MEALS			LODGING	
DATE	B	L	D	HOTEL	AMOUNT

Sample

TOTAL MEALS

TOTAL LODGING

OTHER COSTS

DATE	ITEM	AMOUNT

TOTAL OTHER

TOTAL EXPENSES FOR TRIP*

LESS TRAVEL ADVANCE RECEIVED

LESS PREPAYMENTS SENT

TOTAL REIMBURSEMENT REQUEST

or

TOTAL AMOUNT DUE DIXIE STATE UNIVERSITY

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

_____
Approval if Needed

_____
Signature of Traveler

Form TC-1 6/13