

**AUSTIN PEAY STATE UNIVERSITY
CLAIM FOR TRAVELING EXPENSES**

Please include: 1. All **original** receipts
2. **Original** airline ticket passenger receipt

DEPARTMENT NAME _____

CONTACT PERSON _____

PHONE # _____

FOR THE PERIOD FROM _____ TO _____

CLAIMANT _____

This form must be prepared in accordance with Travel Regulations.

(please **print** or **type**)

Claim **Must** be Completed in **Ink** or **Typed**

DEPARTURE			ARRIVAL		TRANSPORTATION		SUBSISTENCE					OTHER EXPENSES (ex: parking, phone calls, etc.)	
Date	Place Departed	Time	Place Arrived	Time	Miles	Airline & Other (Attach original receipt)	Lodging (Attach original receipt)	Break-fast	Lunch	Dinner	Per Diem	Amount	Explanation
Travel Purpose and Explanations: (Must be Completed)					Total Miles _____ X Rate _____	Column Total	Column Total	Column Total	Column Total	Column Total	Column Total	Column Total	Summary Total
												\$	

<p>Please indicate: Department Post Office Box - if APSU employee Mailing address - if not APSU employee</p>	<p>I hereby certify that this claim is true and correct and request for reimbursement for this travel has not previously been submitted.</p>		<p>Less Temporary Travel Advance and/or University paid expenses</p>	()
	<p>(Claimant's Signature)</p>		<p>Refund owed to APSU or <u>Amount Due Employee</u></p>	()
	<p>(Social Security Number)</p>		<p>Charge to Account Number(s):</p>	\$
	<p>Official Station (Main Campus or FCC)</p>	<p>Title</p>	<p>Date</p>	\$
				\$

APPROVED: _____ Title _____ Date _____

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