FOR FISCAL USE ONLY

FUND: _____

DEPT/DIV: _____

ACCOUNT: _____

CLAIM FOR TRAVEL EXPENSES

SCHOOL _____

FOR PERIOD FROM : _____ TO _____

THIS CLAIM MUST BE PREPARED IN ACCORDANCE WITH TRAVEL POLICIES

TYPE OR PREPARE IN INK

DATE	PLACE LEFT	TIME LEFT AM/PM	PLACE ARRIVED	TIME ARRIVED AM/PM	TRANSPORTATION				SUBSISTENCE				OTHER EXPENSES ITEMIZED, ATTACH RECEIPTS AND EXPLAIN		TOTAL
					MILES	MILEAGE AMOUNT	AIRLINE/ OTHER	TAXI OR LIMO	LODGING	BREAK-FAST	LUNCH	DINNER	EXPENSE	COST	
				TOTALS											

TYPE OR PRINT COMPLETE HOME ADDRESS

NAME: _____

SSN: _____

ADDRESS _____

_____

_____

ADDITIONAL EXPLANATION:

_____

_____

_____

_____

_____

GROSS TOTAL

LESS TEMP. TRAVEL ADVANCE

I CERTIFY THAT THIS CLAIM IS TRUE AND CORRECT

AMT DUE CLAIMANT _____

AMT DUE SCHOOL _____

SIGNATURE _____

SCHOOL _____ DATE _____

APPROVED _____ DATE _____

APPROVED _____ DATE _____

ORIGINAL - SCHOOL OFFICE DUPLICATE- FILE TRIPLICATE-CLAIMANT

Exhibit 12