

LONG DISTANCE TRAVEL CLAIM FORM

Agency Use Only	Codes	Line	Dept.	Proj.	Site

Employee's Name: _____

Purpose Of Travel: _____

Date	Depart AM/PM	Arrive AM/PM	Lodging \$	Meal Rates (Day Trip Only)	Quarter Rates	Transportation Mileage Start/End	Amount \$	Other Expenses Description	Amount \$
	Place: _____ Time: _____	_____		B _____ L _____ D _____	1 st _____ 2 nd _____ 3 rd _____ 4 th _____				
	Place: _____ Time: _____	_____		B _____ L _____ D _____	1 st _____ 2 nd _____ 3 rd _____ 4 th _____				
	Place: _____ Time: _____	_____		B _____ D _____ L _____	1 st _____ 2 nd _____ 3 rd _____ 4 th _____				
	Place: _____ Time: _____	_____		B _____ L _____ D _____	1 st _____ 2 nd _____ 3 rd _____ 4 th _____				
	Place: _____ Time: _____	_____		B _____ L _____ D _____	1 st _____ 2 nd _____ 3 rd _____ 4 th _____				

Totals:

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Total:

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Total:

--	--	--	--	--	--	--	--

Total Expenses:

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Less Advance:

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**Balance Due:
Traveler or Agency
(Circle One)**

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Instructions: Use for overnight or long distance travel only. Use one line for each day that your are traveling. Hotel, parking and "other" receipts must be attached. If attending a conference or meeting you must attach a copy of the brochure or agenda. When calculating the M&IE allowance, the traveler may claim the full amount if they are in travel status for the full day. However, on days of departure and/or return or if traveling less than a full day the traveler must calculate the M&IE allowance based on the quarter system as outlined.

1st quarter: 12:01 am – 6:00 am 2nd quarter: 6:01 am – 12:00 noon 3rd quarter: 12:01 pm – 6:00 pm 4th quarter: 6:01 pm – 12:00 am

Employee Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____