

LONG DISTANCE TRAVEL CLAIM FORM

EMPLOYEE'S NAME: _____

PURPOSE OF TRAVEL: _____

DATE	DEPART AM/PM	ARRIVE AM/PM	LODGING \$	MEAL RATES (Day Trip only)	QUARTER RATES	TRANSPORTA- TION MILEAGE START/END	AMOUNT \$	OTHER EXPENSES DESCRIPTION	AMOUNT \$
	Place: _____	_____		B _____ L _____ D _____	1 st _____ 2 nd _____ 3 rd _____ 4 th _____				
	Place: _____	_____		B _____ L _____ D _____	1 st _____ 2 nd _____ 3 rd _____ 4 th _____				
	Place: _____	_____		B _____ L _____ D _____	1 st _____ 2 nd _____ 3 rd _____ 4 th _____				
	Place: _____	_____		B _____ L _____ D _____	1 st _____ 2 nd _____ 3 rd _____ 4 th _____				
COLUMN TOTALS:									

Instructions: Use for overnight or long distance travel only. Use one line for each day that you 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.

TOTAL EXPENSES:

LESS ADVANCE:

BALANCE DUE:
Traveler or Agency
(Circle One)

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: _____

Supervisor Signature: _____

Date: _____

Date: _____