

**TRAVEL EXPENSE CLAIM FORM** 

Date:\_\_\_\_\_ Name: Address: \_\_\_\_\_ School/Dept\_\_\_\_\_ Position:

DESCRIPTION	SINGLE KM'S	DOUBLE KM'S	FULL KM'S	MEALS	OTHER
SUB TOTAL					
TOTAL					
		DESCRIPTION KM'S	DESCRIPTION KM'S KM'S   Image: Image	DESCRIPTION KM'S FULL KM'S   I I I I   I I I I   I I I I   I I I I   I I I I I   I I I I I I   I I I I I I I   I	DESCRIPTION KM'S FULL KM'S MEALS   Image:

Note: Single Rate: \$0.1375/km - Double Rate: \$0.275/km - Full Rate: \$0.55/km

If applicable, please provide names of car pool member(s): \_\_\_\_\_

Signature of Applicant	Date
G.L. Account Number	
Signature of Authorized Supervisor	Date