

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					
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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