



TRAVEL EXPENSE CLAIM FORM

Name: _____ Date: _____

Address: _____

Position: _____ School/Dept _____

DATE	DESCRIPTION	SINGLE KM'S	DOUBLE KM'S	FULL KM'S	MEALS	OTHER
SUB TOTAL						
TOTAL						

Note: Single Rate: \$0.1175/km - Double Rate: \$0.235/km - Full Rate: \$0.47/km

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

Signature of Applicant _____ Date _____

G.L. Account Number _____

Signature of Authorized Supervisor _____ Date _____