TRAVEL EXPENSE STATEMENT

T NO. _____

Department No. _____

Account Charge _____

Date _____

Name of Claimant _____ Title or Position _____

Colleague ID or SS# of Claimant _____ Address of person being reimbursed _____

Name of person, persons, or group making the trip _____

Meeting, conference, or purpose for travel _____

Origin and destination of travel: From _____ to _____ and return

Dates of this trip _____

Persons or group included in expenses listed below- _____

	College Card	AC Check	Direct Bill	Payments by College	Claimant's Expenses
Mileage _____ miles @ _____ per mile					
Plane fare (attach receipt to this report)	☐	☐	☐		
Taxi, limousine or rental car	☐	☐	☐		
Hotel (attach receipt to this report)	☐	☐	☐		
Meals (indicate number) ____ (Itemized receipts required)	☐	☐	☐		
Registration fee (attach receipt)	☐	☐	☐		
Other travel expenses. Explain:	☐	☐	☐		
Total expenses					
Less cash advance					
Balance due claimant (or) balance due Amarillo College					

Comments

I certify that the above expenses were incurred in the performance of official college business.

Signed _____
Claimant

Approved Supervisor	Dept. Chair/Director	Grant Manager	AC Foundation Director
AVP/Additional Approval	Dean	Vice President	Business Office

Clear Data

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