

DIXIE COLLEGE TRAVEL CLAIM

Date _____ 20 _____

Complete all applicable items

Yellow Copy for Traveler. Original copy with receipts to Purchasing for reimbursement.

Number on Travel Authorization	Dates of Travel
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Name of Traveler _____

Index Code to be Charged

TRANSPORTATION

- College Vehicle (From Trip Ticket)
- Private Automobile
Was a College Vehicle Available? Yes No
- Commercial Airline
Travel Agency _____
- Other _____

MILES	RATE	COST	

PURPOSE OF TRIP:
DESTINATION:

TOTAL TRANSPORTATION

MEALS & LODGING

DATE	MEALS			LODGING	
	B	L	D	PLACE	AMOUNT

Day Meals

Meals reimbursed for travel required by the college, but where the employee returned the same day, are required by the IRS to be treated as income to the employee and reported on a W-2 form.

TOTAL MEALS

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TOTAL LODGING

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OTHER COSTS

DATE	ITEM	AMOUNT

TOTAL OTHER

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TOTAL EXPENSES FOR TRIP*

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LESS TRAVEL ADVANCE RECEIVED

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LESS PREPAYMENTS SENT

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TOTAL REIMBURSEMENT REQUEST

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or
TOTAL AMOUNT DUE DIXIE COLLEGE

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*If Total Cost exceeds the total Budget by more than ten percent, approval is required by Budget Administrator.

Approval if Needed

Signature of Traveler