

## **Claim for Travel Expenses**

For Fiscal Use Only	Grant	Sub Grant	Object		Amount
Fund					
Dept/Div					
Cost Center					

	F(	O	r	P	е	r	ľ	0	a	
--	----	---	---	---	---	---	---	---	---	--

Start Date End Date

Dept. Div.

THIS CLAIM MUST BE PREPARED IN ACCORDANCE WITH TRAVEL REGULATIONS. TYPE OR PREPARE IN INK

			<u>Transportation</u>				Subsist	ence		Other Expenses	
Date	Place Left Time Left AM/PM	Place Arrived Time Arrived AM/PM	Miles  Mileage am  based on  reimbu	Mileage Amount ount is calculated the \$0.47/mile rsement rate	Airline/ Other	Taxi or Limo	Lodging	Breakfast	Lunch	Dinner	Itemized, Attach Receipts and Explain



Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: *Original-Div. of Accounts / Duplicate-File Triplicate-Claimant* 

70FA-0080 Rev: 08/86 Page 1

RDA



## **Claim for Travel Expenses**

	Totals					

		<b>Gross Total</b>
Name:	Additional Explanation:	

Less Temp. Travel Advance

SSN: Signature Date

Address: # Claim is True and Correct

Official Station Date

Date of Previous Claim:

Approved Date Approved Date



Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval. Distribution: Original-Div. of Accounts / Duplicate-File Triplicate-Claimant

70FA-0080

Rev: 08/86