DSU DIXIE STATE UNIVERSITY™ ST. GEORGE, UTAH

Date: _____

TRAVEL REIMBURSEMENT CLAIM

Traveler Name: _____ **Travel Authorization #:** _____

Dixie ID: _____ **Actual Depart Date & Time:** _____

Destination: _____ **Actual Return Date & Time:** _____

TRAVEL EXPENSE SUMMARY

Include ***ALL*** expenses for this trip regardless of payment method (PO, Travel Card, Internal Billings, and/or Personal Out-of-Pocket Funds etc).

Is there a fleet vehicle or Road Scholar bus billing associated with this authorization? Yes ☐ No ☐

Expense Type	Amount	PCard or Prepaid?
DSU Fleet Vehicle:		
Road Scholar Bus:		
Rental Vehicle:		
Rental Fuel:		
Airline:		
Lodging:		
Registration/Conference Fees:		
Other:		
Other:		
Other:		
Other:		

Meal Per Diem/Receipts

Date	B	L	D	Day Total

Meal Per Diem Total: _____

	Amount	Rate	Miles
Private Vehicle:	0.00	0.50	

Clear All Fields

Total Trip Cost:	
Less DSU Prepaid & PCard:	
Less Travel Advance:	
Total Reimbursement Request	

OR

Amount Due to DSU	

SIGNATURES, ACCOUNTING & APPROVALS

By signing I certify that to the best of my knowledge this claim: 1. Includes all expenses relating to the trip, 2. Each expense is directly related to the approved business purpose, and 3. All expenses were made in accordance with DSU policies.

Traveler: _____

Supervisor: _____ Print Name _____

	Index	Amount	Budget Administrator Approval	Print Name
Accounting 1:				
Accounting 2:				
Accounting 3:				

*****TRAVEL OFFICE USE ONLY***** *Revised 7/18*

	In-State		Out-of-State	
Index	Account	Amount	Account	Amount
	750110		750210	
	750120		750220	
	750130		750230	
	750140		750240	
	750160		750260	
	750190		750290	

Notes: