

**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?	Meal Per Diem/Receipts					
			Date	B	L	D	Day Total	
DSU Fleet Vehicle:								
Road Scholar Bus:								
Rental Vehicle:								
Rental Fuel:								
Airline:								
Lodging:								
Registration/Conference Fees:								
Other:								
Other:								
Other:								
			Meal Per Diem Total:					
			Total Trip Cost:					
			Less DSU Prepaid & PCard:					
			Less Travel Advance:					
			Total Reimbursement Request					
			<b>OR</b>					
			Amount Due to DSU					

  

	Amount	Rate	Miles
Private Vehicle:			

**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		Notes:
Index	Account	Amount	Account	Amount	
	750110		750210		
	750120		750220		
	750130		750230		
	750140		750240		
	750160		750260		
	750190		750290		