

2022 IN-STATE TRAVEL EXPENSE REPORT

Name				Employee ID					
Street									
City, State, Zip									
	ose of Travel								
Date	POINTS OF TRAVEL		Private Car Miles	Hour of Departure From	Hour of Return To Base	Amount Per Diem	Necessary expenses & Registrations		
	From City	To City		Base	10 Base	Claimed	Detail	Amount	
TOTAL NUMBER OF MILES TRAVELED							MILEAGE		
I HEREBY CERTIFY that the above expenses are correct and were incurred in				PER DIEM					
connection with official duties of Athens State University. I further certify that any eligible per diem not claimed is waived, the total claimed for travel reimbursement				MISCELLANEOUS EXPENSE					
represents all expenses to be reimbursed for the trip, and I acknowledge that it is understood that any travel reimbursement claims received by the Office of Financial				TOTAL OF THIS EXPENSE REPORT					
Affairs after two months from the date of travel will be disallowed.					I HEREBY CERTIFY that the below required documents are attached:				
					Proof of Attendance Detailed Google Map				
				Itemized Receipts					
	Signature of Claimant	Da	ite						
		College Dean/Department Head Date							
Account Number Amount				Conege Death, Department Freat Date					
			1						
			1						
			1	-	W. D.	J	Б.		
					Vice Presid	uent	Date		
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