



IN-STATE TRAVEL EXPENSE REPORT
(After July 1st, 2022)

Name _____ Employee ID _____
 Street _____ Department _____
 City, State, Zip _____ Home Base _____
 Purpose of Travel _____

Date	---POINTS OF TRAVEL---		Private Car Miles	Hour of Departure From Base	Hour of Return To Base	Amount Per Diem Claimed	Necessary expenses & Registrations	
	From City	To City					Detail	Amount

TOTAL NUMBER OF MILES TRAVELED					MILEAGE			
					PER DIEM			
					MISCELLANEOUS EXPENSE			
					TOTAL OF THIS EXPENSE REPORT			

I HEREBY CERTIFY that the above expenses are correct and were incurred in 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 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 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 Date

 College Dean/Department Head Date

 Vice President Date

Account Number	Amount