



2021

Out-Of-State/In-State Dues Paying Organization Travel Expense Report

Name Employee _____

Address _____

PO Number _____

ID _____

City, State, Zip _____

Home Base _____

Purpose of Travel _____

Date	POINTS OF TRAVEL		Hour of Depart/Return	Private Car Miles	Airfare, Baggage, Airport Park	Rental Car/Taxi Expense	Lodging Expense	MEALS			Necessary expenses & Registrations	
	From City/State	To City/State						Breakfast	Lunch	Dinner	Detail	Amount
TOTAL NUMBER OF MILES TRAVELED								TRANSPORTATION				
								LODGING				
								MEALS				
								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.

The mileage and subsistence expense indicated in the expense account has been **previously** authorized and has been checked for compliance.

Signature of Claimant Date

College Dean/Department Head Date

Financial Affairs Signature Date

- Attach the following items:
- ___ Purchase Order
 - ___ Conference Preferred Hotel with Nightly Rate
 - ___ Detailed Agenda w/ meals provided
 - ___ Detailed Google Map
 - ___ Itemized Receipts