

TRAVEL EXPENSE REPORT

Provide the originating Travel Authorization number if applicable.
TRAVEL AUTHORIZATION:

DATE: _____

Partial Final

TRAVELER & DEPARTMENTAL INFORMATION				
Employee Name:		Department Name:	Dept Number:	
		Dept Address PO Box:	Room:	
Employee ID:		Contact Name/Title:	Phone:	
TRAVEL ORDER				
PURPOSE OF TRIP (Include Destination)		IN-STATE	OUT-STATE	FOREIGN
CONFERENCE DATES – FROM	TO	DUTY POST	DESIGNATED LODGING	YES NO

EMPLOYEE TRAVEL EXPENSE CLAIM											
Date	Time of		Description/Destination (include type of transportation)	Odometer				Meals	Lodging	Transportation	Exchange Rate
	Depart	Arrive		Start	End	Map/ Total Miles	Amount				
Totals:							A	B	C	D	

MISCELLANEOUS EXPENSES		
Expense Description / Purpose / Attendees	Object Code	Amount
Total Miscellaneous		E

FUNDING							(A+B+C+D+E) TOTAL EXPENSES	
	ACCT. 1	ACCT. 2	ACCT. 3	ACCT. 4	ACCT. 5	TOTALS	Less Traveler Advance	
Account #						Total Remaining To Fund (Should Be \$0.00)	Traveler Repayment (-) DDF#	
Object Code							OR Balance Due Traveler (+)	
Amount							← Total Funding Must Match Total Expenses	

I HEREBY CERTIFY THAT ALL ITEMS OF EXPENSE INCLUDED IN THE ABOVE AMOUNT WERE NECESSARY IN DISCHARGING THE OFFICIAL BUSINESS OF THE STATE; THE DISTANCES FOR WHICH CHARGE IS MADE HAVE BEEN ACTUALLY TRAVELED ON THE DATES SPECIFIED; NO PART OF THE ACCOUNT HAS BEEN PAID BY THE STATE OF ARIZONA AND NO CLAIM AGAINST THE STATE HAS BEEN MADE FOR ANY PART THEREOF, BUT THE FULL AMOUNT IS DUE AND UNPAID; AND I DECLARE, UNDER PENALTIES OF PERJURY THAT THIS CLAIM HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS TRUE, CORRECT AND VALID CLAIM AND FOR VALUE RECEIVED. I HEREBY ASSIGN THE WITHIN STATE CLAIM TO THE UNIVERSITY OF ARIZONA AND AUTHORIZE THE ASSISTANT DIRECTOR FOR FINANCE TO DRAW HIS WARRANT ACCORDINGLY.

CLAIMANT SIGNATURE		DATE
AUTHORIZER (Principal Investigator/ Responsible Person)	Sign _____	DATE _____
	Type _____	DATE _____
APPROVER (Department and/or College Business Office)	Sign _____	DATE _____
	Type _____	DATE _____
FUND ACCOUNTANT	Sign _____	DATE _____