|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SwRB** **Claim for Travel Expenses** | | | | | | | **Index** | **Account Code** | **Official Station** |
|  | | | | | | |  |  |  |
|  | | | | | | | **TO BE COMPLETED BY A/P STAFF:** | | |
|  | | | | | | | Vendor #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Payee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Document #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Invoice Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COA: \_\_\_\_\_\_\_  Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Bank: \_\_\_\_\_\_\_  Verified By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | | | | | | |  | | |
|  | | | | | | |  | | |
| FOR PERIOD FROM |  | TO |  | Rate: | .625 |  |  | | |

*(See instructions on reverse side)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE** | PLACE LEFT | | **TIME LEFT am/pm** | **PLACE ARRIVED** | | | **TIME ARRIVED am/pm** | TRANSPORTATION | | | SUSTENANCE | | | | OTHER EXPENSES | | | TOTALS |
|  |  | |  |  | | |  | Miles | Miles x Rate | Airline & Other | Lodging | | M & I | | Description | | Amount |  |
|  |  | |  |  | | |  | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 | |  | | 0.00 | 0.00 |
|  |  | |  |  | | |  | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 | |  | | 0.00 | 0.00 |
|  |  | |  |  | | |  | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 | |  | | 0.00 | 0.00 |
|  |  | |  |  | | |  | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 | |  | | 0.00 | 0.00 |
|  |  | |  |  | | |  | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 | |  | | 0.00 | 0.00 |
|  |  | |  |  | | |  | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 | |  | | 0.00 | 0.00 |
|  |  | |  |  | | |  | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 | |  | | 0.00 | 0.00 |
|  |  | |  |  | | |  | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 | |  | | 0.00 | 0.00 |
|  |  | |  |  | | |  | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 | |  | | 0.00 | 0.00 |
|  |  | |  |  | | |  | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 | |  | | 0.00 | 0.00 |
| **TOTALS** | | | | | | | | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 | |  | | 0.00 | 0.00 |
| **P****URPOSE:** | |  | | | | | | | | | | | | | | Total Expenses | | 0.00 |
|  | | | | |  |  | | | | | | | | Less Advance | | | | 0.00 |
| *Department/Division* | | | | |  | *Claimant’s Full Name (Please Print)* | | | | | | | | Less Prepaid Registration Fees | | | | 0.00 |
|  | | | | |  |  | | | | | |  | | Less Prepaid Airfare | | | | 0.00 |
| *Claimant’s Address* | | | | |  | *Claimant’s Signature Date* | | | | | | | | Less Prepaid Lodging | | | | 0.00 |
|  | | | | |  |  | | | | | |  | |  | | | |  |
| *City State Zip code* | | | | |  | *Approval Signature Date* | | | | | | | | Amount Due Claimant | | | | 0.00 |
|  | | | | |  |  | | | | | |  | | Amount Due College | | | | 0.00 |
|  | | | | |  | *Approval Signature Date* | | | | | | | |  | | | |  |

*Southwest Tennessee Community College, a Tennessee Board of Regents institution, is an affirmative action/equal opportunity college. 0111117 NEW 11227*