|  |  |  |  |
| --- | --- | --- | --- |
| **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: | 0.70 |  |  |

*(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*