Request No. _____

Pellissippi State Technical Community College

TRAVEL CLAIM

Purpose of Trip
If claiming local mileage

_____

For Instructions to complete claim please visit
www.pstcc.edu/departments/business_finance/payables/travelpros.html

Index Code	Account Code	Amount

DATE	PLACE LEFT	TIME LEFT	PLACE ARRIVED	TIME ARRIVE	MILES	LESS COMMUTE	NET MILES	MILEAGE AMOUNT	HOTEL	PER DIEM BREAKFAST	PER DIEM LUNCH	PER DIEM DINNER	OTHER EXPENSE (ITEMIZE & EXPLAIN)	TOTAL

Total Expenses	
Less Prepaid	
Amount Due	

COMMENTS/TRAVEL CLERK

Clear Form

I hereby certify that this claim is true and correct.

Print Form

Encumbrance Number: _____

_____
Claimant Name (Please type or print)

_____ _____ _____ _____
Claimant Signature Employee ID Number Date

_____ _____ _____
Administrative Approval Date

_____ _____ _____
Travel Clerk Audited by

SUBMIT FOR APPROVAL/FORWARD TO ACCOUNTS PAYABLE

CMN-travelclaim