

Travel Claim Form

The travel claim form shall be submitted to management for review and approval within five business days from the end date of travel. The traveler shall attach original receipts for all travel expenses. Unauthorized expenses may be deducted, if not approved on travel authorization form. Unallowable expenses such as tips, alcohol, unauthorized upgrade fees, etc will not be reimbursed.

Name		Date	
Account			
Departure Date		Departure Time	
Return Date		Return Time	
TOTAL MILES			

TRAVEL EXPENSE SUMMARY						For Finance Use
					TOTAL	
1	Mileage		miles at	\$0.51		
2	Per Diem Meals					
3	Per Diem Lodging					
4	Other (list separately for each charge)					
	checked bag fees					
	taxi from hotel to airport					
	description:					
5	TOTAL EXPENSES					
6	Travel Advanced					
	Per Diem Meals					
	Per Diem Lodging					
7	TOTAL ADVANCEMENT					
8	Amount due to OCAITHB (7 greater than 5)					
9	Amount due to traveler (5 greater than 7)					

I certify that travel expenses claimed above are in accordance with travel policies of the OCAITHB and are true, correct, and complete. If I have been reimbursed or requesting reimbursement for any portion of the expenses of this trip, I have attached copies documenting the amount received from the amount claimed. All final copies of any travel reimbursement will be provided to the OCAITHB.

Traveler's Signature		Date	
Reviewed & Approved by Manager		Date	
Approved by Executive Director / Chairman		Date	

Traveler
Accounting/Finance