

PLEASE USE TYPEWRITER OR INK TO FILL THIS IN - NO PENCIL.



THE CITADEL

TRAVEL AUTHORIZATION # _____

TRAVEL REIMBURSEMENT DOCUMENT

Date: _____

Name _____ Social Security Number _____ Dept. Name: _____

Home Address _____ City _____ State _____ Zip _____ Acct. # _____

DATE MO/DA	DEP ARR	TIME	AM PM	DESTINATION OF TRAVEL DEPARTURE - DESTINATION - RETURN	*I O F	POV ACTUAL MILES	MEALS	LODGING	AIR TRANS	OTHER TRANS	MISC TRAVEL EXPENSE	REGIS- TRATION FEES	TOTAL
METHOD OF DETERMINING TRAVEL SUBSISTENCE ON BACK OF ALL COPIES					I	4113 x_____	4110	4111	4112	4114	4115	3441	Total I
STATE CAR APPROVAL: YES _____ NO _____					O	4213 x_____	4210	4211	4212	4214	4215	3442	Total O
If a Citadel vehicle is requested, but denied, the rate is \$.445 per mile if <u>form</u> is attached. Otherwise, reimbursement will be made at the rate of \$.405 per mile					F	4313 x_____	4310	4311	4312	4314	4315	3443	Total F
I hereby certify or affirm that the above expenses were actually incurred by me as necessary traveling expenses in the performance of my official duties; any meals or lodging included in a conference or convention registration fee have not been included as meals or lodging in this travel claim, and that this claim is true and correct in every material matter and conforms with the requirements of State laws, rules and regulations.													
Signature _____ Date: _____										* I = In-State Travel		Total Expense	
Dept. Head _____ Date: _____										O = Out-of-State Travel		Total PPD	
										F = Foreign Travel		Total Cash Adv	
										Total Due Employee (Co.)			