

Tennessee State University
Claim for Travel Expense
In-State Monthly Travel Checklist

MILEAGE ONLY, NO OTHER EXPENSES CLAIMED

Items Needed:

3. Monthly Itinerary and Mileage Report Form
4. Claim For Travel Expense Form
5. Purchase Order Number

Line Items

- Department Name – Cooperative Extension
- Travel Purchase Order Number – PO Number provided
- FOAPAL – Fund number provided, Org number provided, Account – 73100, Program – 300
- Banner Vendor ID Number – Your T Number WITHOUT T
- Claimant – Your Name (please no nicknames, only the name listed in the directory)
- For The Period FROM – Month, Day, Year (i.e. 7/1/16); TO – Month, Day, Year (i.e. 7/31/16)
- Date – First day of the month (i.e. 7/1)
- Place Departed – “See”
- Place Arrived – “Attached”
- Miles – Total Mileage from Mileage Report
- Comments and Explanations – Provide comments if deemed appropriate
- Home Address – Complete home mailing address
- Signature – Sign, TSU email address, and county office phone number
- Official Station – County Director signature and date

Items to Submit

- Signed Claim For Travel Expense
- Signed Monthly Itinerary and Mileage Report for Agents

If you have any questions, please contact
LaSonia Brown
(615) 963-1351
lasonia.brown@tnstate.edu

University Policy (5.9.15) - Claims for reimbursement of travel expenses should be **SUBMITTED NO LATER THAN THIRTY (30) DAYS** after completion of the travel. Claims submitted after this period **MUST** provide written explanation for the delay.



CLAIM FOR TRAVEL EXPENSE

Department Name: EDAPAL Cooperative Extension Account: 73100 Program: 300 Travel Purchase Order Number: P12345678
 Claimant: John Doe Date: TBD Banner Vendor ID Number: T12345678
 FOR THE PERIOD FROM 7/1/16 TO 7/31/16

Date	Place Departed	Place Arrived	Mileage		Transportation			Subsistence				Other Expenses			Grand Total	
			Miles	Total	Airline, Bus or Rental Car	Taxi or Limo	Lodging	Per Diem		Meals		Parking	Other	Explanation		
								100%	75%	Other	Other					
7/1	See	Attached	210	\$ 98.70	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 98.70
			0	-	-	-	-	-	-	-	-	-	-	-	-	-
			0	-	-	-	-	-	-	-	-	-	-	-	-	-
			0	-	-	-	-	-	-	-	-	-	-	-	-	-
			0	-	-	-	-	-	-	-	-	-	-	-	-	-
			0	-	-	-	-	-	-	-	-	-	-	-	-	-
			0	-	-	-	-	-	-	-	-	-	-	-	-	-
			0	-	-	-	-	-	-	-	-	-	-	-	-	-
			0	-	-	-	-	-	-	-	-	-	-	-	-	-
			0	-	-	-	-	-	-	-	-	-	-	-	-	-
			0	-	-	-	-	-	-	-	-	-	-	-	-	-
			0	-	-	-	-	-	-	-	-	-	-	-	-	-
			0	-	-	-	-	-	-	-	-	-	-	-	-	-
			0	-	-	-	-	-	-	-	-	-	-	-	-	-
			210	\$ 98.70	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 98.70

Gross Amount of Claim: \$ 98.70
 Less Temporary Allowance: \$ -
 Refund Owed to TSU* or Amount Due Employee: \$ 98.70

Cash Receipt Number: _____

Comments and Explanations: _____

Comments if needed are placed here. _____

ACCOUNTING OFFICE USE ONLY

VENDOR # T12345678

INVOICE # _____

FOAP # TBDTBD73100300

PO # P12345678

AMOUNT _____

HOME ADDRESS

Name: John Doe Signature: _____ E-Mail Address: _____ Phone #: _____

Address: 1234 Somewhere Lane Official Station: _____ Position: _____ Date: _____

City/State: Somewhere, TN President/Vice President/Dean/Chairman/Director: _____ Date: _____

Zip+4: 01234-5678

I certify that the expenses claimed were for a business purpose and to the best of my knowledge, comply with TBR Travel Policy and I have not will not receive reimbursement from any other source.

TENNESSEE STATE UNIVERSITY COOPERATIVE EXTENSION PROGRAM
Monthly Itinerary and Mileage Report for Agents

NAME: John Doe

COUNTY: Davidson

MONTH: July 2016

Date	MILEAGE		Miles	COMMUNITIES VISITED
	ODOMETER READING			
	Beginning	Ending		
1	1	2	1	Location 1, Location 2
2			0	
3			0	
4			0	
5	2	4	2	Location 1, Location 2
6	4	7	3	Location 1, Location 2
7	7	11	4	Location 1, Location 2
8	11	16	5	Location 1, Location 2
9			0	
10			0	
11	16	22	6	Location 1, Location 2
12	22	29	7	Location 1, Location 2
13	29	37	8	Location 1, Location 2
14	37	46	9	Location 1, Location 2
15	46	56	10	Location 1, Location 2
16			0	
17			0	
18	56	67	11	Location 1, Location 2
19	67	79	12	Location 1, Location 2
20	79	92	13	Location 1, Location 2
21	92	106	14	Location 1, Location 2
22	106	121	15	Location 1, Location 2
23			0	
24			0	
25	121	137	16	Location 1, Location 2
26	137	154	17	Location 1, Location 2
27	154	172	18	Location 1, Location 2
28	172	191	19	Location 1, Location 2
29	191	211	20	Location 1, Location 2
30			0	
31			0	
Total			210	

I certify that I have driven a personally owned automobile in the performance of my duties for Tennessee State University Cooperative Extension Program, as indicated above and claim is made for reimbursement at the currently approved rate.

Signature: _____
Employee Date

Approved: _____
County Extension Leader, Supervisor, or Dean Date

Approved: _____
Extension Administrator Date