

**STUDENT ASSISTANCE SERVICES CORPORATION**

## TRAVEL AND EXPENSE CLAIM FORM

CLAIM # \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

**Note: Current mileage rate is 0.70, please include your miles under quantity & mileage rate under unit**

DATE	DESCRIPTION OF EXPENSE	QUANTITY	UNIT	AMOUNT
	Example: Where did you start-Where did you end (include Reason for Travel)	10	0.70	7.00

TOTAL THIS PAGE: \_\_\_\_\_

**I hereby state that the above information is true and accurate.**

EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SUPERVISORS SIGNATURE: \_\_\_\_\_

ADMINISTRATIVE APPROVAL: \_\_\_\_\_

DATE PAID: \_\_\_\_\_

CHECK NUMBER: \_\_\_\_\_