**DIXIE STATE UNIVERSITY TRAVEL CLAIM**

Complete all applicable items
Yellow Copy for Traveler. Original copy with receipts to Purchasing for reimbursement.

- **Name of Traveler**

**TRANSPORTATION**

- [ ] University Vehicle (From Trip Ticket)
- [ ] Private Automobile
- [ ] Rental Vehicle
- [ ] Commercial Airline
- [ ] Travel Agency
- [ ] Other

<table>
<thead>
<tr>
<th>MILES</th>
<th>RATE</th>
<th>COST</th>
</tr>
</thead>
</table>

**PURPOSE OF TRIP:**

**DESTINATION:**

**TOTAL TRANSPORTATION**

---

**MEALS & LODGING**

<table>
<thead>
<tr>
<th>DATE</th>
<th>B</th>
<th>L</th>
<th>D</th>
<th>HOTEL</th>
<th>AMOUNT</th>
</tr>
</thead>
</table>

**TOTAL MEALS**

---

**OTHER COSTS**

<table>
<thead>
<tr>
<th>DATE</th>
<th>ITEM</th>
<th>AMOUNT</th>
</tr>
</thead>
</table>

**TOTAL OTHER**

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**TOTAL EXPENSES FOR TRIP**

**LESS TRAVEL ADVANCE RECEIVED**

**LESS PREPAYMENTS SENT**

**TOTAL REIMBURSEMENT REQUEST**

**TOTAL AMOUNT DUE DIXIE STATE UNIVERSITY**

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*If Total Expenses exceed the Total Budget by more than ten percent, approval is required by Budget Administrator.*

**Approval if Needed**

**Signature of Traveler**

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Form TC-1 6/13