



ASSOCIATED STUDENTS, INC

2013-2014 STUDENT CLUB/ORGANIZATION TRAVEL EXPENSE SUMMARY

CLUB/ORGANIZATION & ACCOUNT INFORMATION

Club/Organization Name: _____ Account No.: _____ Date: _____

DATE RECEIVED
ASI OFFICE

PAYEE INFORMATION

Current Balance \$ _____

Name: _____ Street Address: _____

City: _____ State: _____ Zip: _____

A valid address required for all payments.

Mark this box to have the check held for pick-up at Accounting Office

TRAVEL ITINERARY & COSTS

Destination(s) Including Stopovers: _____

Purpose of Travel: _____

Departure: Date: _____ Time: _____ AM PM

Return: Date: _____ Time: _____ AM PM

Amount of Advance (Check # _____): \$ _____

Itemization of Actual Expenses of Travel: (Attach Receipts)

Air name of carrier _____ \$ _____

Private Vehicle _____ miles @ \$0.56 per mile Other: _____ \$ _____

Hotel Costs: (Attach Receipts) \$ _____

Meals:

Breakfast _____ @ \$10.00 Lunch _____ @ \$15.00 Dinner _____ @ \$25.00 \$ _____

Incidentals _____ @ \$7.00 per 24hr period \$ _____

Other Costs _____ \$ _____

TOTAL EXPENSES \$ _____

Less Advance \$ _____

Amount Returned/Reimbursed (Receipt# _____) \$ _____

DATE RECEIVED
AUXILIARY OFFICE

REIMBURSEMENT INFORMATION

Are any expenses claimed in excess of reimbursement rates made to employees of the University? YES NO
(If costs are in excess, you must complete a Travel Expense Addendum Form.)

SIGNATURES & APPROVALS

CLUB/ORGANIZATION AUTHORIZATION:

Club/Organization Officer (print): _____ (signature): _____ Phone Number (required): _____

Club/Organization Advisor (print): _____ (signature): _____ Phone Number (required): _____

RECEIVED BY:

ASI Business Office: _____ Date: _____
Please Print

AUXILIARY ACCOUNTING: Accountant Signature: _____ Date Processed: _____