

ASSOCIATED STUDENTS, IDAHO STATE UNIVERSITY
TRAVEL RECORD

Name _____ SS# _____ *

Departure Date _____ Return Date _____ # in Party _____

Departure Time _____ Return Time _____

Department-Associated Students _____

Destination _____ Car License _____

Purpose of Travel: _____

* Attach List of Names

ACTUAL EXPENSES (ATTACH RECEIPTS):

Mileage..... _____

Airfare..... _____

Lodging..... _____

Meals..... _____

Registration..... _____

Ground Travel..... _____

Phone..... _____

Gasoline..... _____

Misc..... _____

TOTAL EXPENSES _____ \$0.00

AMOUNT OF ADVANCE _____

AMOUNT RETURNED/(DUE) _____

Approved By: _____ Claimant: _____

Date: _____

ACCOUNTING USE:

Check \$ _____ Check # _____ Check Date _____

Advance Account: 986-061-20 Object Code 9822

Account # to Charge _____ 986-062-20 Amount \$ _____

Account # to Charge _____ Amount \$ _____
