

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 _____ \$ _____
AMOUNT OF ADVANCE _____
AMOUNT RETURNED/ (DUE) _____

Approved By: _____ Claimant: _____
Date: _____

ACCOUNTING USE:

Check \$ _____ Check # _____ Check Date _____
Advance Account STUTRV Object Code 7830
Account # to Charge _____ SPRTCL Amount \$ _____
Account # to Charge _____ Amount \$ _____
