

ASSOCIATED STUDENTS TRAVEL RECORD

Complete form and RETURN to the appropriate office:
Student Clubs & Organizations, Student Involvement & Orientation Office, Student Union Bldg.
Phone number 282-4588, Email vanealid@isu.edu
Sport Clubs, Reed Gym- Phone number: 282-282-3516, Email: munnshel@isu.edu

Claimant Name:	nt Name:Bengal Card #:		:Today's Date:		
Club Names:					
Departure Date:	arture Time:		AM	PM	
Return Date:	teturn Time:		AM	PM	
Destination:				# in Party:	*
Did you buy Gas? Yes	No	If YES, car li	icense # used:		
Purpose of Travel?					
ACTUAL EXPENSES (ATTA	•		ames of Other Trav	elers in the Party:	
Airfare	\$				
Gasoline	\$				
Ground Travel	\$				
Lodging	\$				
Meals	\$				
Mileage	\$				
Parking			Check Payable to: (in	nclude name and a	address)
Registration	\$				
Miscellanies	\$				
TOTAL EXPENS	SES \$				
AMOUNT OF ADVAN	ICE\$				
AMOUNT RETURNED/(D					
SIGNATURES: (Please sign	and date Claimant Name onl	y)			
Director:		Date:			
UBO:		Date:			
ACCOUNTING USE ONLY:					
Travel Adv	ance information:		Travel Recor	d Information:	
Check Date:		An	nount: \$		
	Check #:				
Index Code:	Account Code:	Index	x Code:	Account Code	e: