



# Travel Claim

Traveler Name: \_\_\_\_\_

Date: \_\_\_\_\_

Travel Authorization Number: \_\_\_\_\_

### Transportation:

	Miles	Rate	Cost
<input type="checkbox"/> DSC Motorpool Vehicle			
<input type="checkbox"/> Private Automobile			
<input type="checkbox"/> Commercial Airline			
<input type="checkbox"/> Other _____			
<b>Total Transportation:</b>			

### Meals & Lodging:

Date	Meals			Lodging	
	B	L	D	Place	Amount

Total Meals:

Total Lodging:

**Total Meals & Lodging:**

### Other Costs:

Date	Item	Amount

**Total Other:**

**Total Trip Expenses:**

**Less pre-payments, DSC Motorpool charges and DXATC Card Payments:**

**Total Reimbursement Requested:**

Traveler's Signature: \_\_\_\_\_

Approval if Needed: \_\_\_\_\_