



### Travel Expense Claim Form

From: \_\_\_\_\_

Purpose: \_\_\_\_\_

Location: \_\_\_\_\_

Dates: \_\_\_\_\_

Account to charge: \_\_\_\_\_

Expenses:	Day 1	Day 2	Day 3	Day 4	TOTAL
Meals:					
Breakfast	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Lunch	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Dinner	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Lodging	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Transportation/Airfare	\$ _____				
Mileage: _____ mi. @ \$0.505	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other:					
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

Make check payable to: \_\_\_\_\_

Mail check to: \_\_\_\_\_

\_\_\_\_\_

Signature of claimant: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Appropriate officer/committee chair

Send completed form and receipts to: Rachel Touchatt, MASFAP Treasurer  
 c/o Stephens College  
 1200 East Broadway  
 Campus Box 2124  
 Columbia, MO 65215

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Treasurer's Use Only

Date: \_\_\_\_\_ Check# \_\_\_\_\_ Amount \$ \_\_\_\_\_ Acct. # Charged \_\_\_\_\_ Initials \_\_\_\_\_