



Travel Expense Claim Form

Dates of Incurred Expenses:

begin

end

From:

To Location:

Purpose:

Account to charge:

Expenses	Day 1	Day 2	Day 3	Day 4	Total
Breakfast	\$	\$	\$	\$	\$
Lunch	\$	\$	\$	\$	\$
Dinner	\$	\$	\$	\$	\$
Lodging	\$	\$	\$	\$	\$
Mileage: ___ mi @\$0.505	\$	\$	\$	\$	\$
Other _____	\$	\$	\$	\$	\$
Other _____	\$	\$	\$	\$	\$
Transportation/Air					\$
Total	\$	\$	\$	\$	\$

Make check payable to:

Mail check to:

Claimant Signature

Date

Approval Signature (appropriate officer/committee chair)

Date

Send completed form and receipts to:

Elizabeth Somers, MASFAP Treasurer

Missouri Baptist University

One College Park Drive

St. Louis, MO 63141

Fax 314-744-5320

SomerE@mobap.edu

Treasurer's Use Only				
Date	Check #	Amount	Acct # Charged	Initials
	#	\$	#	