

Travel Claim Form
St John's College

This form is to be submitted within 1 week of date of return.
ALL RECEIPTS MUST BE ATTACHED

Name: _____

Position: _____

Date Submitted: _____

Budget to be Charged to: _____

Dates Travelled: _____

Purpose of Trip: _____

Air Fare: _____

Automobile Mileage: _____

Taxi Fare: _____

Meals: _____

Accommodations: _____

Miscellaneous (list separately): _____

TOTAL AMOUNT CLAIMED: _____

Amount received in advance: _____

Amount to be reimbursed: _____

SIGNATURE: _____

Approved by: _____

Date: _____