

TRAVEL EXPENSE CLAIM

ACKCO TRAVEL EXPENSE REPORT				TRIP NO.		
TRAVELLER:			DATE:			
DEPARTURE DATE:			RETURN DATE			
TIME OF DEPARTURE:			TIME OF RETURN:			
PURPOSE OF TRIP:						
AIRLINE(s)						
CARRIER	FROM	TO		AMOUNT		
TOTAL AIRLINE COSTS: (You must attach the last sheet of ticket)				\$		
PER DIEM/M&IE				GROUND TRANSPORTATION		
DAY	DATE	LODGING	TAX	M/IE	METHOD	AMOUNT
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
TOTAL:		\$	\$	\$		

Total Travel Expenses: \$ _____

Balance Due ACKCO: \$ _____

Prepaid Expenses: \$ _____

Balance Due Traveler: \$ _____

Travel Advance: \$ _____

SIGNATURE OF TRAVELER: _____ DATE: _____

MAKE CHECK PAYABLE TO: _____

ACKCO USE ONLY

Voucher No. _____ Authorization to Pay Balance Due: _____

Amount Paid: \$ _____ Check No. _____ Date: _____

Balance Due ACKCO \$ _____ Paid By: _____ Date: _____