



GRANT TRAVEL EXPENSE REIMBURSEMENT FORM

The statement on the reverse side must be completely filled in by the payee prior to signature. Receipts must be attached as required by travel regulations.

REV 11/11

DATE OF CLAIM

1 BANNER DOCUMENT NUMBER

CCI#

NAME OF OFFICER OR EMPLOYEE

CAMPUS

River Parishes Community College

ADDRESS

ORGANIZATION

CITY

FOR PERIOD

Destination:

Purpose of Travel:

Conference (Attach conference brochure)

Field Travel

Other

EXPENSE SUMMARY

TRANSPORTATION	LUMP SUM ALLOWANCE		
	AUTOMOBILE	-	MI.@.51
	AIRPLANE	YES <input type="checkbox"/> NO <input type="checkbox"/>	
	OTHER	CHARGED TO BTA	
SUBSISTENCE	LODGING	YES <input type="checkbox"/> NO <input type="checkbox"/>	
	MEALS	CONFERENCE SITE	
	TOLLS AND PARKING		
TIPS			
OTHER EXPENSES			
TOTAL COST			\$ -
ADVANCE			
TOTAL REIMBURSABLE COST			\$ -

Certificate of Payee

I certify that this expense account is just and true in all respects; that the distances shown were actually and necessarily traveled on the date specified on official business only; that the expenses charged were incurred on official business of the State and none of the expenses have been paid by the State; and that the full amount is justly due.

SIGNED BY PAYEE

TITLE OR POSITION

OFFICIAL DOMICILE

Certificate of Head of Budget Unit

I certify that the charges set forth on this expense account have been examined by me; that the services for which the charges are made were necessary and proper; and that, in my opinion, the amounts claimed are just and reasonable.

SIGNED BY:

NAME

TITLE

Certificate of Sponsored Programs

I certify that the charges set forth on this expense account have been examined by me; that the services for which the charges are made were necessary and proper; and that, in my opinion, the amounts claimed are just and reasonable.

SIGNED BY:

NAME

TITLE

Approved for Payment

AUDITED BY:

REMARKS BY HEAD OF BUDGET UNIT IN EXPLANATION OF UNUSUAL ITEMS, ETC.

CHECK IF SPECIAL AUTHORIZATION

ACCOUNTING USE ONLY:

Restricted Funds : _____
Signature _____ Date _____

ITEM	FUND	ORGANIZATION	ACCOUNT	PROGRAM	PROJECT GRANT	AMOUNT

