



TOWER FOUNDATION

# TRAVEL EXPENSE CLAIM FORM

(Please submit original receipts and completed form to  
Tower Foundation A/P, ext zip 0183)

REQ #: \_\_\_\_\_

ACCT # : \_\_\_\_\_

DATE: \_\_\_\_\_

CONTACT : \_\_\_\_\_

PHONE: \_\_\_\_\_

DEPT: \_\_\_\_\_

<b>ROUTING:</b>	Mail to Payee	Mail Intercampus, Ext ZIP:	Pick-up Phone:
Traveler's Name:		Project Position/Title:	
Home Address:		Campus Phone:	
City, State, Zip:		Campus Zip:	
Destination:		Inclusive Dates of Travel:	
Purpose of Trip			

Date	Lodging	Breakfast	Lunch	Dinner	Incidentals	Airfare, Train, etc.	Taxi, Shuttle, Parking, Car Rental	Private Auto			Reg. Fees & Other Business Expenses	Total
								Miles	Rate	Amount		

( Please use a separate page if more spaces are needed.)

Total Amount Expended \_\_\_\_\_

Notes:

Less Prepaid Expenses \_\_\_\_\_

Less Amount Advanced \_\_\_\_\_

Amount Due to Tower Foundation \_\_\_\_\_

Attach check made out to Tower Foundation of SJSU

AMOUNT DUE TO TRAVELER \_\_\_\_\_

**I hereby certify that the above is a true statement of the travel expenses for the authorized travel.**

\_\_\_\_\_  
Signature of Traveler/Date

\_\_\_\_\_  
Account Authorized Signature/Date

Tower Foundation Accounting Use Only		
Object Code	Expense Amount	Date
TF Approval:		Date: