SAN JOSÉ STATE UNIVERSITY

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 _____

Traveler's Name:	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		
										0		0
										0		0
										0		0
										0		0
										0		0
										0		0
										0		0
										0		0
										0		0
										0		0
										0		0
										0		0
										0		0

Notes:

Total Amount Expended 0
Less Prepaid Expenses
Less Amount Advanced
Amount Due to Tower Foundation
Attach check made out to Tower Foundation of SJSU
AMOUNT DUE TO TRAVELER $0.00

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

Signature of Claimant

Signature of Direct Supervisor
(*Required for travel during academic appointment period.*)

Account Authorized Signature

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