CALIFORNIA STATE UNIVERSITY, FRESNO
ASSOCIATED STUDENTS, INC.
CLUB TRAVEL CLAIM FORM

NAME OF APPLICANT: _____ DATE: _____

ADDRESS: _____

CLUB NAME: _____ ACCOUNT NUMBER: _____

DESTINATION: _____

PURPOSE OF TRAVEL: _____

NAME OF PERSONS TRAVELING

1. _____ 3. _____ 5. _____

2. _____ 4. _____ 6. _____

DATE OF DEPARTURE: _____ TIME: _____ A.M. ☐ P.M. ☐

DATE OF RETURN: _____ TIME: _____ A.M. ☐ P.M. ☐

ITEMIZATION OF TRAVEL EXPENSES

ADVANCE	Date: _____	Check #(s): _____	Amount: $ _____ -
PRE-PAID CONFERENCE FEES	Date: _____	Check #(s): _____	Amount: $ _____ -

*if paid by credit card, include copy of credit card statement

TRANSPORTATION: AIR - CARRIER NAME: _____ $ _____ -

PRIVATE VEHICLE - TOTAL MILEAGE: _____ @ $.72.5 CENTS PER MILE $ _____ -

RENTAL CAR - VENDOR NAME: _____ $ _____ -

ACCOMMODATIONS: HOTEL NAME: _____ $ _____ -

MEALS AND INCIDENTALS: *Actual receipts are required. Total meals cannot exceed $55 per day and incidentals cannot exceed $7 per day.*

DATE	BREAKFAST	LUNCH	DINNER	MEALS TOTAL	INCIDENTALS	TOTAL
ACTUAL MEALS AND INCIDENTALS:						**TOTAL** _____

OTHER COSTS: CONFERENCE FEE: _____ $ _____ -

PARKING: _____ $ _____ -

OTHER: _____ $ _____ -

TOTAL TRAVEL COST: $ _____ -

LESS ADVANCE & PREPAID EXPENSES: $ _____ -

AMOUNT TO BE REIMBURSED: $ _____ -

YES NO IF COSTS ARE IN EXCESS, YOU MUST COMPLETE A TRAVEL EXPENSE ADDENDUM FORM.
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SIGNATURE OF APPLICANT: _____ DATE: _____

APPROVAL

ASI BUSINESS OFFICE: _____ DATE: _____

CLUB OFFICER:(Print)_____(Signature)_____ DATE: _____

ADVISOR:(Print)_____(Signature)_____ DATE: _____

ACCOUNTING OFFICE:_____ DATE: _____