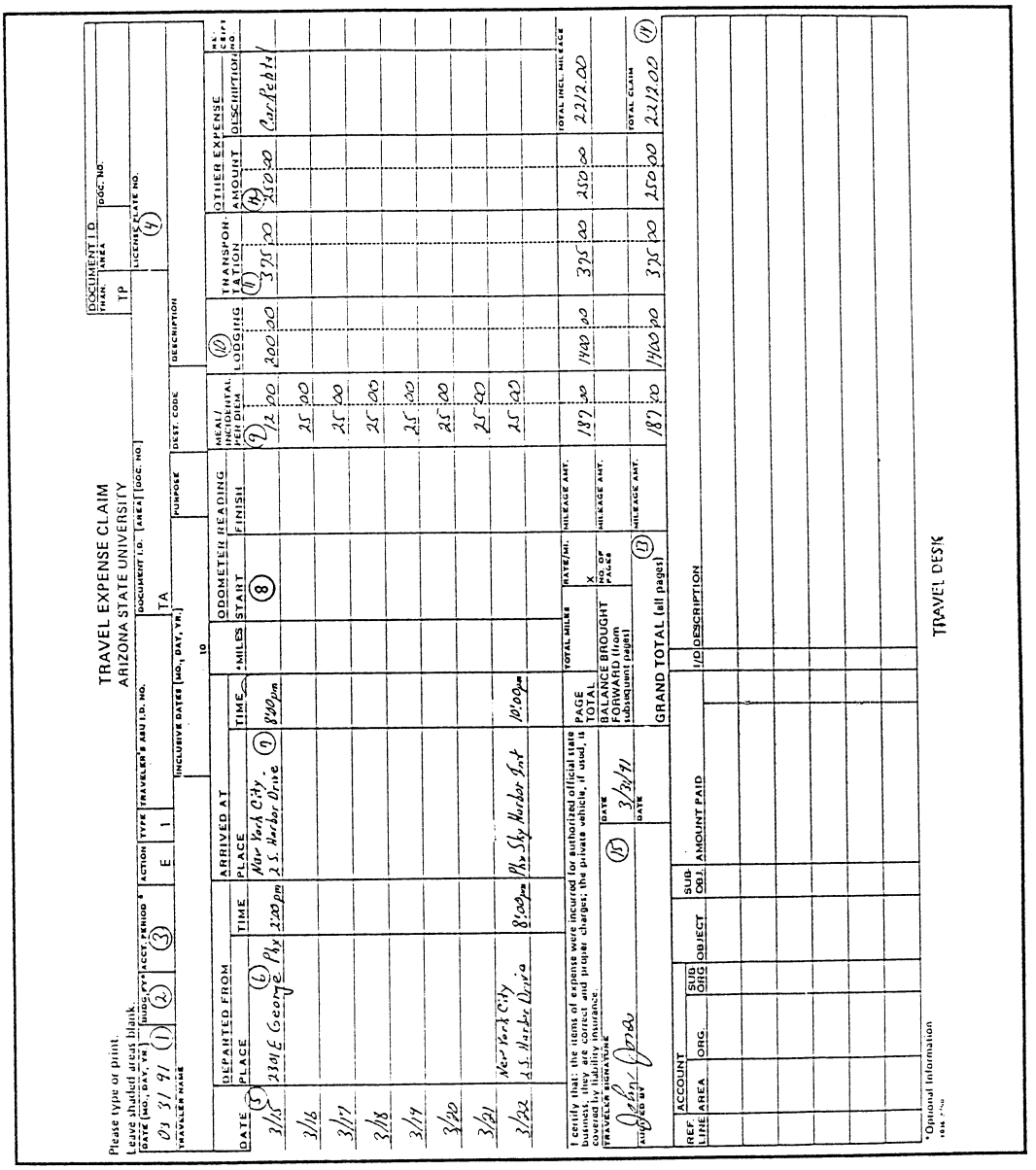

TRAVEL EXPENSE CLAIM
ARIZONA STATE UNIVERSITY

Please type or print.
Leave shaded area blank.

DATE (MO., DAY, YR.) 03 31 91 (1) | BUDG. YR. (2) | ACCT. PERIOD * (3) | ACTION E | TYPE 1 | TRAVELER'S AXU I.D. NO. | DOCUMENT I.D. [AREA] [DOC. NO.] TA | PURPOSE | DEST. CODE | DESCRIPTION

TRAVELER NAME | INCLUSIVE DATES (NO., DAY, YR.) 10 | DOCUMENT I.D. PREF. AREA TP | DOC. NO. | LICENSE PLATE NO. (4)

DATE (5)	DEPARTED FROM PLACE (6)	TIME	ARRIVED AT PLACE (7)	TIME	*MILES	ODOMETER READING START (8)	FINISH	MEALS INCIDENTAL PER DIEM (9)	LODGING (10)	TRANSPORTATION (11)	OTHER EXPENSE AMOUNT (12)	OTHER EXPENSE DESCRIPTION	MI. CERT. NO.
3/15	2301 E George Phx	2:00 pm	New York City - 25 Harbor Drive	8:00 pm				12.00	200.00	375.00	210.00	Car Rental	
3/16								25.00					
3/17								25.00					
3/18								25.00					
3/19								25.00					
3/20								25.00					
3/21								25.00					
3/22	New York City 25 Harbor Drive	8:00 pm	Phx Sky Harbor Int	10:00 pm				25.00					
					TOTAL MILES		RATE/MI.	MILEAGE AMT.	1400.00	375.00	210.00	TOTAL INCL. MILEAGE	2212.00
							X NO. OF PAGES	MILEAGE AMT.					
							(13)	MILEAGE AMT.	187.00				
					PAGE TOTAL				1400.00	375.00	210.00	TOTAL CLAIM	2212.00 (14)
					BALANCE BROUGHT FORWARD (from subsequent pages)								
					GRAND TOTAL (all pages)								

I certify that: the items of expense were incurred for authorized official state business, they are correct and proper charges; the private vehicle, if used, is covered by valid liability insurance.

TRAVELER SIGNATURE (15) DATE 3/31/91

AUTHORIZED BY DATE

REF LINE	ACCOUNT AREA	ORG.	SUB ORG.	OBJECT	SUB OBJ.	AMOUNT PAID	I/D	DESCRIPTION

TRAVEL DESK

*Optional Information

COM 411-01G
Sample Completed Travel Expense Claim form

CAM 302-03D
Rotated Exhibit Supplementing Text, with Completed Sample Form