FOR FISCAL USE ONLY	GRANT	SUB GRANT	OBJECT	AMOUNT
FUND				
DEPT/DIV				
COST CENTER				

STATE OF TENNESSEE DEPT. _____ DIV. _____

CLAIM FOR TRAVEL EXPENSES

FOR PERIOD FROM _____ TO _____

THIS CLAIM MUST BE PREPARED IN ACCORDANCE WITH TRAVEL REGULATIONS
TYPE OR PREPARE IN INK

DATE	PLACE LEFT	TIME LEFT AM/PM	PLACE ARRIVED	TIME ARRIVED AM/PM	TRANSPORTATION				SUBSISTENCE				OTHER EXPENSES	TOTAL	
					MILES	MILEAGE AMOUNT	AIRLINE/ OTHER	TAXI OR LIMO	LODGING	BREAK-FAST	LUNCH	DINNER	ITEMIZED, ATTACH RECEIPTS' AND EXPLAIN		
				TOTALS											

TYPE OR PRINT COMPLETE HOME ADDRESS:

NAME: _____

SSN: _____

ADDRESS: _____

_____

_____

DATE OF PREVIOUS CLAIM _____

ADDITIONAL EXPLANATION: _____

GROSS TOTAL $ _____

LESS TEMP. TRAVEL ADVANCE # { }

I CERTIFY THAT THIS CLAIM IS TRUE AND CORRECT.

AMT. DUE CLAIMANT $ _____

AMT. DUE STATE $ _____

SIGNATURE _____

OFFICIAL STATION POSITION DATE

APPROVED DATE

APPROVED DATE

ORIGINAL—DIV. OF ACCOUNTS DUPLICATE—FILE TRIPLICATE—CLAIMANT

70FA-0080 (Rev. 8-86)