

Jackson State Community College
Travel Claim Form

This claim must be prepared in accordance with TBR Policy 4:03:03:00
Submit original receipts and form to the office of Financial and Administrative Affairs

Department Division Date
Chart of Account Fund Organization Account # Program
Blanket Travel Yes No For period from to Page # of

Date	Place Left	Place Arrived	Miles	Mileage Amount	*Airline Ticket	Taxi/ Limo	*Lodging	Subsistence**			Itemized Expenses	Total
								Breakfast	Lunch	Dinner		

Name Address City State Zip Code
Click here to calculate your mileage at Rand McNally. Include a printout with your submission.
Additional explanation or purpose:
Gross claim amount
Less travel advance
Amount due to claimant

I certify that this claim is true and correct. Sign and date below.
Approval Signatures :
\* Receipts required for reimbursement
\*\* Per diem rate may be used as appropriate
Date: