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SJSU | RESEARCH FOUNDATION

TRAVEL EXPENSE CLAIM FORM
ACCOUNTS PAYABLE

P.O. Box 720130 - San Jose, CA 95172 - Ext. Zip: 0139

408-924-1400 - 408-924-1499 (fax)

I. Traveler Information

Today's Date:

Traveler Name: _____ Account Number: _____

Home Address: _____ Position/Title: _____

City, State, Zip: _____ Department: _____

Trip Destination: _____ Phone Number: _____

Purpose of Trip: _____ Inclusive Dates of Travel: _____

Trip Requisition #: _____ Routing: ☐ Mail to Payee ☐ Hold for Pickup

Ext. Zip: ☐ Mail Intercampus

II. Travel Expense Claim

	1	2	3	4	5	6	7			8	9	(Total 1-9)
								Private Auto				
Date	Lodging	Breakfast	Lunch	Dinner	Incidentals	Airfare, Train, etc.	Taxi, Shuttle, Parking, Car Rental	Miles	Rate	Amount	Reg Fees & Other Bus. Expenses	Total

III. Total Travel

Total Amount Expended:	
Less Prepaid Expenses:	
Total Amount Claimed:	
Less Amount Advanced:	
Amount Due to Traveler:	
*Amount Due to SJSURF:	$0.00

*(*Attach check made out to SJSU Research Foundation)*

IV. Notes

V. Authorization Signatures

Traveler: Name: _____ Signature: _____ Date: _____

Direct Supervisor: Name: _____ Signature: _____ Date: _____

*Account Signer: Name: _____ Signature: _____ Date: _____

*(*required if supervisor is not an account signer)*

SJSURF Internal Use Only

Invoice Number	Date	Amount	Account Number	Object Code	Authorization/Date
					OSP:
					A/P:
					PYMT: