



HCET Travel Request and Claim Voucher

Name _____ Address _____
(Street, City, State and Zip)

Destination _____ Means of Travel _____ Date(s) _____

Purpose _____

Advanced Travel/Per Diem Request \$ _____
(Traveler Signature)

Check Appropriate Box:

Employee Board/Committee Member Consultant Other

Travel Expenses Chargeable To:

Grant	Account	Percent

(Travel Approved)

(Travel Approved)

Travel Claim

Actual Departure _____ Actual Return _____
(Time and Date) (Time and Date)

	Per Diem Rate: _____	Expenses to Reimburse	Expenses Paid by HCET	Expenses Paid by HCET Credit Card
Breakfast	_____ days x (20%) =	_____	_____	_____
Lunch	_____ days x (32%) =	_____	_____	_____
Supper	_____ days x (48%) =	_____	_____	_____
Hotel*	_____ nights =	_____	_____	_____
Travel*	_____ miles x _____ =	_____	_____	_____
	_____ airfare =	_____	_____	_____
Parking Fees*	=	_____	_____	_____
Taxi/Limousine*	=	_____	_____	_____
Misc. (Specify)*	=	_____	_____	_____
Misc. (Specify)*	=	_____	_____	_____
Total Expenses	=	_____	_____	_____
Less Advance	=	_____	_____	_____
Reimbursement \$	=	_____	_____	_____

I certify that the above claim reflects allowable expenses actually incurred by me and reflects HCET prepaid expenses and cash advances.

Traveler's Signature Date

(Site Supervisor)

(Executive Director)

1) White - Reimbursement 2) Yellow - Site Record 3) Pink - Traveler's Record 4) Goldenrod - Advance Authorization

* Please provide receipts for items marked with an asterisk