

CENTRAL ARIZONA VALLEY INSTITUTE OF TECHNOLOGY

Advance Travel Reimbursement Claim Form

Employee Name: _____ Date: _____

Purpose for Travel: _____

Departure Date: _____ Time: _____

Returning Date: _____ Time: _____

Date	Meals	Mileage	(1) Other	(2) Other	Total

*All items approved as “other expenses” must have receipts attached to the travel form.
Travel must be submitted within two weeks returning from activity/event.

NOTE: COMPLETE THIS AREA ONLY IF AN ADVANCE IS BEING REQUESTED

Advance for Per Diem at 80% \$ _____

Total Advance Requested \$ _____

Identify (1) “Other” Expenses: _____

Identify (2) “Other” Expenses: _____

Requested By: _____ Date: _____

Superintendent’s Signature: _____ Date: _____