

NON-EMPLOYEE TRAVEL EXPENSE FORM

AC3257-S

Vendor ID, if applicable		Vendor Name, if applicable			
Traveler Last Name		Traveler First Name		MI	Suffix
Traveler Address		Invoice Date (For Office Use Only)		Liability Date (For Office Use Only)	
City			State	Zip	
Purpose of Travel				Invoice Number (For Office Use Only) TRAVEL	
Travel Start Date and Time ☐ AM ☐ PM			Travel End Date and Time ☐ AM ☐ PM		
Destination (Including County, City, State, and Zip). If the travel is for a job interview, list the location of the interview.					

Indicate All Expenses— Please list the expenses and the total. Original receipts must be attached. Use additional sheets if needed.	Totals
Lodging	
Transportation (Excluding Personal Vehicle Mileage)	
Meals	
Personal Vehicle Mileage Claimed (Please be sure to attach The Statement of Automobile Travel)	
Miscellaneous and Incidental (M&IE) Expenses	
Total Amount Claimed	\$ 0.00

Traveler's Certification

I certify that the above bill is just, true and correct; that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.

Signature: _____ Title: _____ Date: _____

Authorized Certification

I, as a duly authorized representative of the College, certify that this travel reimbursement has been examined and to the best of my knowledge and belief, the amounts claimed therein were necessary, reasonable, and appropriate in accordance with College and State travel requirements.

Signature: _____ Title: _____ Date: _____

Expenditures: Note: Sub-Object Code, UNSPC code and Amount will be completed by Accounts Payable

Account(s) Number	Sub-object Code	UNSPSC	Description	Amount