

FOR FISCAL USE ONLY		GRANT	SUB GRANT	OBJECT	AMOUNT
FUND	_____				
DEPT/DIV	_____				
COST CENTER	_____				

**STATE OF TENNESSEE  
CLAIM FOR TRAVEL EXPENSES  
FOR PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_**

DEPT. \_\_\_\_\_ DIV. \_\_\_\_\_  
THIS CLAIM MUST BE PREPARED IN ACCORDANCE WITH TRAVEL REGULATIONS  
TYPE OR PREPARE IN INK

DATE	PLACE LEFT	TIME LEFT AM/PM	PLACE ARRIVED	TIME ARRIVED AM/PM	TRANSPORTATION				SUBSISTENCE				OTHER EXPENSES	TOTAL	
					MILES	MILEAGE AMOUNT	AIRLINE/ OTHER	TAXI OR LIMO	LODGING	BREAK-FAST	LUNCH	DINNER			ITEMIZED, ATTACH RECEIPTS AND EXPLAIN
TOTALS															

NAME: \_\_\_\_\_ ADDITIONAL EXPLANATION: \_\_\_\_\_

SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF PREVIOUS CLAIM \_\_\_\_\_

ORIGINAL — DIV. OF ACCOUNTS DUPLICATE — FILE TRIPPLICATE — CLAIMANT

70FA-0080 (Rev. 8-89)

I CERTIFY THAT THIS CLAIM IS TRUE AND CORRECT.

LESS TEMP. TRAVEL ADVANCE # \_\_\_\_\_

AMT. DUE CLAIMANT \$ \_\_\_\_\_

AMT. DUE STATE \$ \_\_\_\_\_

SIGNATURE \_\_\_\_\_

OFFICIAL STATION \_\_\_\_\_ POSITION \_\_\_\_\_

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

GROSS TOTAL \$ \_\_\_\_\_