Guam Community College
Trip Reimbursement

DATE:	TA NUMBER:	DATE(S) OF TRAVEL:	
NAME OF TRAVELER:		TIME DEPARTED:	TIME RETURNED:

Append a trip report to this document. The trip report should cover trip objectives and benefits derived. Include a copy of the TA and any related documentation provided with the TA. Provide two copies of this document. Travelers who want to claim actual expenses rather than per diem must also fill out a TR-03 form.

Were there any significant differences between the travel plan authorized on the TA and the actual trip?　　☐YES　　☐ NO

If yes, please explain the changes below. Significant differences include a significant change in cost of travel, length of stay, or itinerary.

Explanation: _____

_____

_____

_____

When such differences increase the cost of the travel to the College, appropriate additional approval is required.

_____   _____

Signature of Section Head (Include Name and Title)　　　　Signature of Division Head (Include Name and Title)

EXPENDITURE REIMBURSEMENT CLAIMED:

　Provide appropriate documentation per the instructions of the Travel Policy and Procedures manual. This documentation should include a copy of the ticket and documentation on meeting or conference charges paid by the traveler.

PER DIEM CLAIMED:

　Number of days authorized travel times the standard per diem rate for the destination.
　(Indicate amount less any advance claimed)

ADDITIONAL EXPENDITURES CLAIMED:

Date:	Date:
Description:	Description:
Amount:	Amount:
Date:	Date:
Description:	Description:
Amount:	Amount:

TOTAL AMOUNT CLAIMED:	TRAVELER'S SIGNATURE: