

Tohono O'odham Community College
 P.O. Box 3129
 Sells, Arizona 85634
 Phone (520) 383-8401 * Fax (520) 383-8403

Travel Expense Reimbursement Request

Name:	
Address:	
Phone:	

Charge Account: _____

Purpose of Travel:

Dates	From: Location	To: Location	Point to Point Distance
Total Distance @ \$0.54 per mile to calculate total expense			

Total Expense \$ _____

I certify that I am entitled to the
 Claimed reimbursement

 Traveler Signature/Date:

Attach meeting documents if appropriate.

 Division/Dept. Signature/Date: