

# Utah Legal Services Travel Expense/Mileage Claim - 1/09

Name \_\_\_\_\_

Office \_\_\_\_\_

Transportation								
<i>(Include cost of pre-paid airfare, "mode" of transportation, client file #, and funding source)</i>								
Date	Mode	Destination	Client#	Fund	Purpose	Miles	\$ Amt.	
<i>Note: Airline receipts must be attached.</i>							Total	

Per Diem/Lodging								
Date	Depart/Return Time	Total Hours	Total Hours/8	Fund	x Per Diem (\$8 in state/\$12 out)	Lodging Costs	Total \$	
<i>Note: Lodging receipts must be attached.</i>							Total	

Other Expenses	
<i>Explain:</i> _____	
<i>Note: Attach receipts for miscellaneous items.</i>	"Other" Total

*I certify that the above claim is true, correct, and complete, to the best of my knowledge.*

\_\_\_\_\_  
Traveler

\_\_\_\_\_  
Supervisor/Managing Attorney

\_\_\_\_\_  
Director/Deputy Director

\_\_\_\_\_  
Date

<b>Total Expense</b>	
- <b>Pre-paid Air</b>	
- <b>Advance</b>	
<b>ULS or Traveler</b>	

Submit this form no later than 60 days after the earliest dated entry. Payments are made on the 2nd and 4th Friday of each month. This form with original signatures and necessary receipts must be in to SSU by 5pm on the Friday prior to payment date.