



RESEARCH CORPORATION OF THE UNIVERSITY OF GUAM

TRAVEL CLEARANCE

Name of Traveler: _____ Travel Authorization No.: _____

Dates of Travel:

From: _____ / _____
Hour Date

To: _____ / _____
Hour Date

Travel Funds: Amount Claimed:
Pay By: (Check) RCUOG Credit Card / Traveler
Airfare
Per diem:
Location _____ (_____ days X _____)
Auto Rental

Miscellaneous (list):

Total Amount Claimed _____

(Less Amount Advanced) _____

Claim Due / (Amount Refunded to RCUOG) _____

I certify that all statements above are accurate and complete. I have attached a copy of my Travel Authorization form and such documents as necessary to justify any request for funds beyond those initially authorized. I have submitted a Travel Report to the administrator who authorized this

Traveler's Signature Date

If additional funds are being requested: Approve Disapprove

G. L. Account # _____

Print Name Title Signature Date

