



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