Middle East Technical University Northern Cyprus Campus

Travel Expense Claim Form

Please complete this form and return it to the office of the relevant Authorizing Officier *within two weeks* after your travel. Do not forget to attach a copy of the travel authorization form (Form F1, F7-A or F7-B).

Applicant

Name _____ Date (DD/MM/YY) _____

Program/unit _____ Signature _____

Activity

Title of activity _____

Location (City/Country) _____

Leave on duty

Departure Date (DD/MM/YY) _____ Time (HH:MM) _____

Return Date (DD/MM/YY) _____ Time (HH:MM) _____

Travel expenses

Transportation (airfare or other equivalent travel) _____

Accommodation (_____ nights) _____

Registration fee _____

Daily allowance (_____ days) _____

Other (_____) _____

Less: Advance paid _____

The fare was paid by: ☐ The applicant ☐ Travel Office

Notes _____

Supporting documents (check each item of supporting documentation that you have appended)

☐ Ticket ☐ Invoice for registration fee

☐ Invoice for hotel/accommodation ☐ Other _____

Official use (RCS/FA)

Approved _____ Advance paid _____

Total expenses _____ Net payment _____

Budget line _____

Exchange rate(s) _____

Notes _____

Control by _____

Approval by the Authorizing Officer

Name _____ Date (DD/MM/YY) _____

Signature _____

Notes _____