

Approved Authorization Form

Approved Annual Leave Form

Hours of

TT / 5699

MOU/Employer Paid

DATE:

FOR OFFICE USE ONLY

OF HRS

Approved by

RCM/TB 2211 / 2213

NAME:

ADDRESS:

MEMBER EXPENSE CLAIM

CLASSIF: PAY TIER:

DAY OF REST:

TRAVEL:

Sin#:

NVP

RVP

Region:

DOR / 5699

Date Paid

__Local#:

IM		OSE OF CLAIM:											
Date DEPARTURE DATE & TIME FROM RESIDENCE: ARRIVAL DATE & TIME AT DESTINATION:													
DEPARTU	DATE JRE DATE & TIME	TIME (H:MM AM/PM) E FROM DESTINATION:		DATE ARRIVAL DATE & TIME	TIME (H:MM AM/PM) AT RESIDENCE:								
DATE		Тіме (н:мм АМ/Р	PM)	DATE	Тіме (н:мм АМ/РМ)								
r Office se Only RAVEL:	TRAVEL: TAXI TOLL PARKING (ATTACH RECEIPTS)	DAILY PER DIEM: \$140.00	HOTEL / PRIVATE ACCOM. (ATTACH RECEIPTS)	(AMOUNT) (ATTACH RECEIPTS)	OTHER: (DESCRIPTION)								

TOTAL TRAVEL CLAIM:

NET TRAVEL CLAIM PAID:

LESS ADVANCE:

2025	For office use only - Hourly Rate	PAID BY GSU	\$330 Paid by GSU	KILOMETERS ONLY	Use Only TRAVEL: KILOMETERS	TAXI TOLL PARKING (ATTACH RECEIPTS)	PER DIEM: \$140.00	PRIVATE ACCOM. (ATTACH RECEIPTS)	(AMOUNT) (ATTACH RECEIPTS)	(DESCRIPTION)
	hrs	hrs		km						
	hrs	hrs		km						
	hrs	hrs		km						
	hrs	hrs		km						
	hrs	hrs		km				_		
	hrs	hrs		km						
	hrs	hrs		km						
TOTAL:										

5882 5883

5884

FOR OFFICE USE ONLY

TOTAL SALARY CLAIM:

NET SALARY CLAIM PAID:

For Office

BILL TO LOCAL #

Account #