



Travel Reimbursement Form

Please send this form to the Accounting Office upon completion.

Name:

Mail, Pick Up or Interoffice

Travel Purpose:

Dates traveled:

Account to Charge:

Destination:

Returned:

TRANSPORTATION

| | | Total Amount |
|--|-----------|----------------------|
| Associated Airfare | = | <input type="text"/> |
| Rental Car | = | <input type="text"/> |
| Mileage (Personal car) | | |
| Number of miles traveled: | X 0.545 = | \$ - |
| Gasoline (Only SAGU vehicle or rental car) | = | <input type="text"/> |

TRAVEL EXPENSES

| | | |
|---|---|----------------------|
| Lodging | = | <input type="text"/> |
| Meals (Attach all meal receipts to this form) | = | <input type="text"/> |
| Tips | = | <input type="text"/> |
| Tolls | = | <input type="text"/> |
| Parking | = | <input type="text"/> |
| Conference - Admission Fees | = | <input type="text"/> |
| Repairs (SAGU vehicles only) | = | <input type="text"/> |
| Total Reimbursement Amount | = | \$ - |

***** BEFORE SUBMITTING FOR SIGNATURES, PLEASE ATTACH ALL NECESSARY DOCUMENTATION TO THIS FORM *****

SIGNATURES

| | DATE |
|---------------------------------|----------------------|
| SAGU Employee Signature | <input type="text"/> |
| Budget Director Signature | <input type="text"/> |
| Your Vice President's Signature | <input type="text"/> |
| VP for Business & Finance | <input type="text"/> |

| Accounting Office Use Only: | | |
|--|---------------------------------------|---------------|
| Budget Check: Y N | Approval from Director of Accounting: | Check Number: |
| Please initial in dark ink if it is in budget. | | Check Date: |
| Please initial in red ink if over budget. | | |