



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 | | = |
| Rental Car | | = |
| Mileage (Personal car) | | |
| Number of miles traveled: | X 0.580 | = |
| Gasoline (Only SAGU vehicle or rental car) | | = |

TRAVEL EXPENSES

| | | |
|---|--|---|
| Lodging | | = |
| Meals (Attach all meal receipts to this form) | | = |
| Tips | | = |
| Tolls | | = |
| Parking | | = |
| Conference - Admission Fees | | = |
| Repairs (SAGU vehicles only) | | = |
| Total Reimbursement Amount | | = |

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

SIGNATURES

| | DATE |
|------------------------------|-------|
| SAGU Employee Signature | _____ |
| Budget Director Signature | _____ |
| Area Administrator Signature | _____ |
| VP for Business & Finance | _____ |

| Accounting Office Use Only: | | |
|-----------------------------|-------------------------|---------------------|
| Budget Check: Y N | Finance Approval: _____ | Check Number: _____ |
| Signature _____ | Signature _____ | Check Date: _____ |