



# 2024 Travel Reimbursement Form

Please send this form to [accounts payable@sagu.edu](mailto:accounts payable@sagu.edu) upon completion.

<b>Name (REQUIRED):</b>	<input type="text"/>	<b>Account to Charge:</b>	<input type="text"/>
<b>Address (REQUIRED):</b>	<input type="text"/>	<i>(REQUIRED)</i>	
<b>How to Receive Reimbursement:</b>	<input type="text"/>	<i>*click drop-down*</i>	
<b>Travel Purpose:</b>	<input type="text"/>	<b>Destination:</b>	<input type="text"/>
<b>Dates traveled:</b>	<input type="text"/>	<b>Returned:</b>	<input type="text"/>

## TRANSPORTATION

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

## TRAVEL EXPENSES

Lodging	= <input type="text"/>
Meals <i>(Attach all meal receipts to this form)</i>	= <input type="text"/>
Tips <i>(Valet, baggage handlers, housekeeping, taxi)</i>	= <input type="text"/>
Tolls	= <input type="text"/>
Parking	= <input type="text"/>
Conference - Admission Fees	= <input type="text"/>
Repairs <i>(SAGU vehicles only)</i>	= <input type="text"/>
<b>Total Reimbursement Amount</b>	<b>= \$ <input type="text"/> -</b>

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

## SIGNATURES

\*Please include e-mail budget approval with PDF. Please do not type in name only.

DATE

<b>SAGU Employee Signature</b>	<input type="text"/>	<input type="text"/>
<b>Budget Director Signature</b>	<input type="text"/>	<input type="text"/>
<b>Area Administrator Signature</b>	<input type="text"/>	<input type="text"/>
<b>VP for Business &amp; Finance</b>	<input type="text"/>	<input type="text"/>

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