

## SARE TRAVEL EXPENSE REIMBURSEMENT FORM

NAME: \_\_\_\_\_ E-mail: \_\_\_\_\_ **Complete mandatory online form: <http://suppliers.uga.edu>**

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ LOCATION & DATES: \_\_\_\_\_

*Please provide the following information for expenses you incurred while in travel status.*

	Day of Departure		Day of Return		Amount
	75% Rate	75% Per Diem Rate	75% Rate	75% Per Diem Rate	
Meals (REIMBURSED at per diem rates • <b>NO receipts required</b> – Per Diem applies to all reasonable days prior to or following the meeting.) <b>Do not put amounts for CATERED MEALS.</b> 75% of Daily Per Diem will be reimbursed for days of departure and return.	___/___/___	___/___/___	___/___/___	___/___/___	
Breakfast	75% Rate		75% Rate		
Lunch	75% Rate		75% Rate		
Dinner	75% Rate		75% Rate		
Lodging (ORIGINAL receipt required; enter the cost for each night, omitting other charges and Incidentals such as alcoholic beverages.) *					

Airline Ticket (ORIGINAL passenger receipt or Confirmation (if paid online) required **unless pre-paid by SARE**)

Taxi Fare and/or Airport or Hotel Parking / Toll Charges (ORIGINAL receipts required)

Personal Vehicle Expense (this includes departure and return mileage from your home/workplace to the airport or meeting) \$0.56/mile x \_\_\_\_\_ miles

Odometer readings: Include starting and ending odometer readings. Start \_\_\_\_\_ End \_\_\_\_\_

Rental Vehicle Expense (ORIGINAL receipts required)

Registration (ORIGINAL receipt required)

Non-Employee Payment Form or Other Miscellaneous Expenses (ORIGINAL receipts required)

TOTAL

- Note: **Travel expenditures must be filed within 20 days of the completion of the travel event.**
- Phone charges on hotel invoices will be reimbursed up to \$5.00.
- Exceptions: Catered Meals or Meals at specified restaurants in which case a receipt must accompany reimbursement request.
- **\*\* When going to website, look for City and State where meeting is being held and subtract the incidentals (incidentals are not reimbursable).**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Please mail completed form with NON-EMPLOYEE PAYMENT FORM and ORIGINAL receipts to Amanda Hollar, 1109 Experiment Street, Stuckey Building, Room 203, Griffin, GA 30223  
 Please call Amanda Hollar at 770-412-4787 or email [ahollar@uga.edu](mailto:ahollar@uga.edu) if you have any questions.