

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:			
<i>Please provide the following information for expenses you incurred while in travel status.</i>							
Meals: (REIMBURSED at per diem rates •NO receipts required – Per Diem applies to all reasonable days prior to or following the meeting.) Do not put amounts for CATERED MEALS. 75% of Daily Per Diem will be reimbursed for days of departure and return.		Day of Departure ____/____/____ 75% Per Diem Rate	____/____/____	____/____/____	____/____/____	Day of Return ____/____/____ 75% Per Diem Rate	Amount
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 <i>unless pre-paid by SARE</i>)							
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) \$0.76/mile x _____ miles Odometer readings: include starting and ending odometer readings. Start _____ End _____							
Rental Vehicle Expense (Hertz or Enterprise) (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 Kayla Martin, 1109 Experiment Street, Stuckey Building, Room 203, Griffin, GA 30223
 Please call Kayla Martin at 770-412-4787 or email kayla.martin2@uga.edu if you have any questions.