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.

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 ***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) $0.70/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.