



# REIMBURSEMENT TRAVEL CHARGES

SPS Employee # \_\_\_\_\_  
 Employee Name \_\_\_\_\_  
 School/Department \_\_\_\_\_  
 Name of Event \_\_\_\_\_  
 Beginning Date \_\_\_\_\_

For Office Use Only	
Batch #	_____
Vendor #	_____
GL Account	_____

City/State \_\_\_\_\_  
 Ending Date \_\_\_\_\_

**\*\*\*Reimbursement requires conference agenda\*\*\***

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Totals
<b>Date (MM/DD)</b>								
<b>Plane/Train/Rental Car</b> <i>RECEIPT REQUIRED</i>								
<b>Taxis &amp; Shuttles</b> <i>(including tip) RECEIPT REQUIRED</i>								
<b>Parking &amp; Tolls</b> <i>RECEIPT REQUIRED</i>								
<b>Registration</b> <i>RECEIPT/AGENDA REQUIRED</i>								
<b>Lodging</b> <i>HOTEL STATEMENT REQUIRED</i>								
<b>Miscellaneous - explain</b>								
<b>Meals (including tip)</b>								
You will be reimbursed for the actual cost of your meals. <b>ITEMIZED</b> receipts are <b>REQUIRED</b> . Tip not to exceed <b>20%</b>	Breakfast							
	Lunch							
	Dinner							
<b>Daily Meals Subtotal</b>								
<b>Mileage Reimbursement</b>	Total Miles			@			+	
<b>Total Amount Requested:</b>								

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Signature of Building Principal/Supervisor Date