



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
Date (MM/DD)								
Plane/Train/Rental Car <i>RECEIPT REQUIRED</i>								
Taxis & Shuttles <i>(including tip) RECEIPT REQUIRED</i>								
Parking & Tolls <i>RECEIPT REQUIRED</i>								
Registration <i>RECEIPT/AGENDA REQUIRED</i>								
Lodging <i>HOTEL STATEMENT REQUIRED</i>								
Miscellaneous - explain								
Meals (including tip). Per diem rates can be located at www.gsa.gov/travel/plan-book/per-diem-rates.								
You will be reimbursed for the actual cost of your meal(s). If the meal exceeds the GSA per diem rate, you will be reimbursed at the per diem rate. Itemized receipts are REQUIRED. Tips are not to exceed 20%.	Breakfast							
	Lunch							
	Dinner							
Daily Meals Subtotal								
Mileage Reimbursement	Total Miles		@					
Total Amount Requested:								\$

Employee Signature Date

Signature of Building Principal/Supervisor Date