|  |  |
| --- | --- |
| 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 |
| 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***) |  |
| Personal Vehicle Expense (this includes departure and return mileage from your home/workplace to the airport or meeting) $0.625/mile x \_\_\_\_\_\_\_\_\_miles**Odometer readings:** include starting and ending odometer readings. Start\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Registration (**ORIGINAL receipt required *unless pre-paid by SARE***) |  |
| TOTAL |  |

* **Note: Expenditures not listed – provide receipts and justification for reimbursement. If approved, reimbursement will be made.**
* **Note: Travel expenditures must be filed within 20 days of the completion of the travel event.**
* **\*\*** **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 Tydaisha White, 1109 Experiment Street, Stuckey Building, Room 203, Griffin, GA 30223

Please call Tydaisha White at 770-412-4787 or email tydaisha.white@uga.edu if you have any questions.