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| --- | --- |
| 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) $0.625/mile x \_\_\_\_\_\_\_\_\_miles**Odometer readings:** include starting and ending odometer readings. Start\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Rental Vehicle Expense (**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 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.