|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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](mailto:tydaisha.white@uga.edu) if you have any questions.