

## SARE TRAVEL EXPENSE REIMBURSEMENT FORM

Edited 6/26/24

NAME:	E-mail:	Complete <b>mandatory</b> online form: <a href="http://suppliers.uga.edu">http://suppliers.uga.edu</a>				
Address:		Phone Number:				
City:	State:	Zip Code:		LOCATION & DATES:		
<i>Please provide the following information for expenses you incurred while in travel status.</i>						
Meals: (REIMBURSED at per diem rates <b>*NO receipts required</b> – 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				Day of Return	
	____/____/____ <b>75% Per Diem Rate</b>	____/____/____	____/____/____	____/____/____	____/____/____ <b>75% Per Diem Rate</b>	Amount
Breakfast	75% Rate				75% Rate	
Lunch	75% Rate				75% Rate	
Dinner	75% Rate				75% Rate	
Lodging: ( <b>ORIGINAL receipt required</b> ; enter the cost for each night, <b>omitting other charges and incidentals</b> such as alcoholic beverages.) *						
Airline Ticket ( <b>ORIGINAL passenger receipt</b> or Confirmation (if paid online) required <i>unless pre-paid by SARE</i> )						
Taxi Fare and/or Airport or Hotel Parking / Toll Charges ( <b>ORIGINAL receipts required</b> )						
Personal Vehicle Expense (this includes departure and return mileage from your home/workplace to the airport or meeting) \$0.70/mile x _____ miles <b>Odometer readings:</b> include starting and ending odometer readings. Start _____ End _____						
Rental Vehicle Expense ( <b>Hertz or Enterprise</b> ) ( <b>ORIGINAL receipts required</b> )						
Registration ( <b>ORIGINAL receipt required</b> )						
Non-Employee Payment Form or Other Miscellaneous Expenses ( <b>ORIGINAL receipts required</b> )						
<b>TOTAL</b>						

- 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 Kayla Martin at 770-412-4787 or email [kayla.martin2@uga.edu](mailto:kayla.martin2@uga.edu) if you have any questions.