

SSARE Scholarship Travel Expense Statement

Please Print Clearly

NAME: _____ E-mail: _____ **Complete mandatory online form: <http://suppliers.uga.edu>**

Address: _____ PHONE: _____

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.) *	_/_/___	_/_/___	
Airfare (unless paid directly by SARE original receipt MUST be attached)			

Personal Vehicle Expense (this includes mileage for trip to the event and return) \$0.5750/mile x _____miles
 (Does not apply if taking SARE supplied shuttles)

Odometer readings: Include starting and ending odometer readings. Start _____ End _____

Registration (**ORIGINAL receipt required if paid by participant**) _____

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 NON-EMPLOYEE PAYMENT FORM and ORIGINAL receipts to Amanda Hollar 1109 Experiment Street, Stuckey Building, Room 203, Griffin, GA 30223
 Please call Amanda Hollar at 770-412-4787 or e-mail ahollar@uga.edu if you have any questions.

March 2020