

Employee/Student Number(if Applicable)	Name	PO Number
	Base	
Address to which reimbursement is to be sent		

Please be sure to attach the following items:

Itemized Receipts _____

Google Map _____

Approved Travel Request and Purchase Order _____

Agenda of Meeting or Name Tag _____

Date	Points of Travel		Hour of departure/return	Airfare	Private Car Miles	Total Transportation	Lodging-Itemized Receipt Required	Meals				Detail	Amount	Sum of Expenses
	From	To						Breakfast \$13.00 or actual receipts	Lunch \$13.00 or actual receipts	Dinner \$13.00 or actual receipts	Total Meals			

I hereby certify that the above expenses are correct and were incurred in connection with official duties of Athens State University. I further certify that any eligible per diem not claimed is waived, the total claimed for travel reimbursement represents all expenses to be reimbursed for the trip, and I acknowledge that it is understood that any travel reimbursement claims received by the Office of Financial Affairs after **two months** from the date of travel will be disallowed.

Grand Total

The mileage and subsistence expense indicated in this expense account has been **previously** authorized and has been checked for compliance.

Signature of Claimant Date

Conference Preferred Hotel and Rate per Night

Departmental Signature Date

Financial Affairs Date