

Employee/Student Number(if Applicable)

Address to which reimbursement is to be sent

Name

Base

PO Number

Please be sure to attach the following items: Itemized Receipts Google Map Approved Travel Request and Purchase Order Agenda of Meeting or Name Tag

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	Points of Travel							Meals						
Date	From	То	Hour of departure/r eturn	Airfare	Private Car Miles	Total Transportatio n	Lodging- Itemized Receipt Required	Breakfast \$13.00 or actual receipts	Lunch \$13.00 or actual receipts	<b>Dinner</b> \$13.00 or actual receipts	Total Meals	Detail	Amount	Sum of Expenses

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 reiumbursement claims received by the Office of Financial Affairs after <u>two months</u> from the date of travel will be disallowed.

## Grand Total

The mileage and subsistence expense indicated in this expense account has been <u>previously</u> authorized and has been checked for compliance.

Departmental Signature

Date

Signature of Claimant

Date

**Financial Affairs** 

Date

Conference Preferred Hotel and Rate per Night