



REIMBURSEMENT TRAVEL CHARGES

SPS Employee # _____
 Employee Name _____
 School/Department _____
 Name of Event _____
 Beginning Date _____

For Office Use Only	
Batch #	_____
Vendor #	_____
GL Account	_____
City/State	_____
Ending Date	_____

*****Reimbursement requires conference agenda*****

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Totals
Date (MM/DD)								
Plane/Train/Rental Car <i>RECEIPT REQUIRED</i>								
Taxis & Shuttles <i>(including tip) RECEIPT REQUIRED</i>								
Parking & Tolls <i>RECEIPT REQUIRED</i>								
Registration <i>RECEIPT/AGENDA REQUIRED</i>								
Lodging <i>HOTEL STATEMENT REQUIRED</i>								
Miscellaneous - explain								
Meals (including tip)								
You will be reimbursed for the actual cost of your meals. <u>ITEMIZED</u> receipts are <u>REQUIRED</u> . Tip not to exceed <u>20%</u>	Breakfast							
	Lunch							
	Dinner							
Daily Meals Subtotal								
Mileage Reimbursement	Total Miles			@			+	
Total Amount Requested:								

Employee Signature

Date

Signature of Building Principal/Supervisor

Date

Request for reimbursement should be submitted within 30 calendar days after the date the expense occurred.