SOUTH ALABAMA MEDICAL SCIENCE FOUNDATION

TRAVEL REIMBURSEMENT FORM

Name _____ Dept. _____

Mailing Address _____ Phone _____

Reason for making the trip _____ $/Mile _____

Dates	Hours of Departure or Return A.M.	P.M.	Points of Travel From	To	Transportation Mode	Miles in Private Car	Amount	Meals B'fast	Lunch	Dinner	Total Per Day	Amount Claimed Per Day	Lodging or Per Diem Amount Per Day
											0.00		
											0.00		
							0.00				0.00		
							0.00				0.00		
							0.00				0.00		
							0.00				0.00		
							0.00				0.00		
							0.00				0.00		
					Totals		0.00					0.00	0.00

OTHER EXPENSES

(Itemize other expenses and furnish required receipts. Use extra sheets if necessary.)

Total Other Expenses	0.00
(Transportation + Meals + Lodging + Other Expenses) **Total Travel Expenses**	0.00

PREPAID EXPENSES ONLY

(Itemize prepaid expenses included above, such as airline tickets, etc., attach all receipts. Use extra sheets if necessary.)

(Negative Numbers Only) **Total Prepaid Expense**	0.00
Travel Expense less Prepaid Expense **Net Travel Expenses to be Reimbursed to Traveler**	0.00

CERTIFICATION

I HEREBY CERTIFY that the above statements are true and that I have incurred the described expenses and the mileage in the discharge of my official duties for the SAMSF and have not been reimbursed and have not filed nor will I file for the reimbursement from any other source for said expenses.

I FURTHER CERTIFY that if reimbursement for lodging is claimed at single occupancy rate, except in cases where more than one University employee shared the same room, and that if reimbursement for valet parking is claimed then it was the only parking available.

_____
Signature of Traveler

_____
Date

APPROVALS FOR PAYMENT

_____
Department Head Approval

_____
COM Business Office Approval

_____
COM Dean Approval (Over $500.00)

_____
Other Administrative Approval

Select One: ☐ Employee ☐ Student ☐ Other _____

Account Numbers	Amount