# Stephen F. Austin State University – Grant Funded Travel Reimbursement Request

(To be used in conjunction with signed contracts that include reimbursement for travel expenses.)

**Purpose / Location:** _____

**Departure From:** _____ **Date:** _____ **Time:** _____

**Return To:** _____ **Date:** _____ **Time:** _____

| Date | Meals* Attach Itemized Receipts *Reasonable Charges* *Alcohol Not Allowed* | | | Hotel* Attach Itemized Receipt | Mileage** @ .40 cents/mile | OTHER* - PLEASE LIST (Airfare, taxi, etc.) Attach Itemized Receipts *Tips/Gratuity Not Allowed* | TOTAL |
|---|---|---|---|---|---|---|---|
| | Breakfast | Lunch | Dinner | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | Total Requested | |

**Pay to:** *(name, address, city, state, zip code, ph#, email)* **Social Security Number:** *(required)*

**Name:**
**Address:**
**City, State, Zip:**
**Phone #:**
**Email:**

**I certify that the list of expenses shown above is a true and correct account of expenditures.**

Claimant's signature Date

SFA authorized signature Date

**** TO AVOID POTENTIAL INCOME TAX CONSEQUENCES, RECEIPTS REQUIRED FOR ALL EXPENSES**: hotels (even if prepaid), parking, airfare, meals, car rental and rental car gas, ground transportation, and other miscellaneous expenses.*

*****Personal car mileage** – actual mileage requires odometer readings; standard mileage does not.*

**MAIL TRAVEL REIMBURSEMENT FORM AND ITEMIZED RECEIPTS TO:**

**(Put your information here)**

**Questions? (put your phone and e-mail here)**