



# TRAVEL EXPENSE CLAIM/REIMBURSEMENT FORM

CLAIMANT NAME:	
CLAIMANT ADDRESS:	
City, State, Zip Code	
CLAIMANT PHONE:	

**Submit Completed Form to:**

Jeff Dennis  
 SASFAA Treasurer  
 Southern Wesleyan Univ.  
 PO Box 1020  
 Central, SC 29630

DIRECTIONS: Expense claims may be submitted in accordance with the travel guidelines outlined on the reverse of this form. Show the complete itinerary of the claimant and the purpose of the trip/expenditure(s). Claims not submitted within 30 days of the date the expense was incurred may be disallowed. Payment of claims submitted more than 30 days after the date the expense is incurred require the approval of the President and Treasurer. Remember to sign and date your claim form and report the budget category to which expenses are to be charged. Please attach receipts as documentation of your expenses.

**SECTION I - RECAP OF EXPENSE**

EXPENSE CLASSIFICATIONS	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	CATEGORY TOTALS
DATE:								
BREAKFAST								
LUNCH								
DINNER								
MEAL TOTALS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
LODGING								\$ -
AIRLINE TICKETS								\$ -
AUTO RENTAL								\$ -
TAXI OR LIMO								\$ -
TELEPHONE								\$ -
PARKING/TOLLS								\$ -
MILES TRAVELED (0.50 per mile)								
TOTAL \$ FOR MILEAGE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER (specify in Comments section)								\$ -
OTHER (specify in Comments section)								\$ -
DAILY TOTALS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
COMMENTS:							LESS CASH ADVANCE:	\$ -
							LESS EXPENSES BILLED TO SASFAA	\$ -
							AMOUNT DUE TO SUBMITTER:	\$ -

**SECTION II - EXPLANATION OF TRAVEL EXPENSES**

MEETING NAME	MEETING LOCATION	DATE(S) OF MEETING		BUDGET CODE	DETAILED EXPLANATION OF BUSINESS REASON FOR TRAVEL
		FROM	TO		

COMMITTEE CHAIR SIGNATURE:	DATE:	FOR TREASURER'S USE ONLY	
I certify that the above is a true statement of expenses incurred by me on official authorized business on behalf of SASFAA.		DATE PAID:	AMOUNT PAID:
		CHECK #:	BUDGET CODE:
CLAIMANT'S SIGNATURE:	DATE:	PRESIDENT'S APPROVAL:	