



Travel and Expense Form

COMPLETE ALL AREAS CIRCLED IN RED

Date: _____

*Name: _____

Check Appropriate Box:

<input type="checkbox"/> Direct Deposit I have already completed a Travel Direct Deposit Form	<input type="checkbox"/> Inter-Campus (example: 2015 JHZ)	<input type="checkbox"/> US Mail (include address below)
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Check box and type address
where you want
reimbursement sent.

*G Number: _____

*Required Fields

*SSN#:

(Required-If no G number provided)

Department Name, Bldg & Room #:
(Not Program)

Leave Blank

Department Contact Information:

Department Office Coordinator name and phone number)

Please Note: For direct deposit of Travel expenses, Travel Direct Deposit Form is required.

Payroll and Travel direct deposits each require their own form.

Travel/Expense Details (Must document business purpose - attach additional sheet if necessary)

Mileage Rate: Prior to 1/1/18 = .535, Effective Jan. 1, 2018 = .545

Details should read as follows: The Academic Conference Fund Grant supported my trip to <Conference Name>, in <Conference Location> on <Conference Dates>.

Mileage

Check Appropriate Box:

☐ Personal Vehicle

☐ Rental/Leased Vehicle

Date	Destination/Location (Include City and State)	Round trip Mileage	Rate	*Fund (6)	*Org (5)	*Account (4)	*Program (3)	Amount
			X					
			X					
			X					
			X					
			X					
Subtotal								

Fill in only if you drove your own car.

Leave Blank

Travel Expenses (Original receipts must be attached-tape receipts to an 8 1/2 x 11 piece of paper. Please list each receipt separately below)

Date	Destination (City/State)	Airplane Tickets	Lodging	Conference Fees	Tolls, Taxi, Tips Parking, etc	*Fund (6)	*Org (5)	*Account (4)	*Program (3)	Amount
Subtotal										

You can use the same line for multiple expenses, i.e. lodging (hotel), conference fee, etc., but make sure you list each receipt individually. DO NOT combine receipt totals (except in Tolls, Taxi, Tips, Parking, etc where receipts are not required if total expenses are \$74.99 or under).

Leave Blank

MEALS Basic Meal Per Diem: Breakfast \$8.00 Lunch \$12.00 Dinner \$19.00 Full Day \$39.00 (Including tips) Please see Travel & Expense Guidelines for list of High Cost Cities and Per Diem rates

Please Note: Original receipts required for meals with guests.

Indicate number of Guests in columns marked 'G'.

Date	G	Breakfast	G	Lunch	G	Dinner	G	Full Day	For Office Use Only	*Fund (6)	*Org (5)	*Account (4) 7022	*Program (3)	Amount
Subtotal														

You may only claim the Per Diem amount listed in the meals line above. High Cost City Per Diem Amount is based on the destination city (see guidelines). *Food receipts are not required*

Name and Title of Guest(s): _____

I certify that the within statement of account is correct, and in accordance with the policy and instructions of the university: that the amount charged for expenses was actually expended, was reasonable and necessary, and was incurred in the conduct of university business, and that the above FOAP or any part of it, has not heretofore been allowed or paid.

Total

Less Advance if any

Approved, Head of Unit or Authorized Agent, Signature and Date

Leave Blank

Approved, Head of Unit or Authorized Agent, Printed Name

Claimant Signature

Executive Officer Signature and Date, if Required

Must be hand-signed, not typed.

Other Funding:

CSCE

FTLC

Other

Amount to be Reimbursed
or (Returned to GVSU)

Revised 1/1/2018