

Travel and Expense Form

COMPLETE ALL AREAS CIRCLED IN RED

Date: _____

*Name: _____
 *Address to send _____
 Check to: _____

*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, you need to complete a Travel Direct Deposit Form. Payroll and Travel direct deposits each require their own form.

Mileage Rate: Effective Jan. 1, 2009 =.55

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

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:						
Date	Destination/Location (Include City and State)	Round trip Mileage	Rate	*Fund (6)	*Org (5)	*Account (4)	*Program (3)	Amount
								0.00
								0.00
<i>Subtotal</i>								0.00

Travel Expenses (Original receipts must be attached-tape receipts to an 8 1/2 x 11 piece of paper)										
Date	Destination (City/State)	Airplane Tickets	Lodging	Conference Fees	Tolls, Taxi, Tips Parking, etc	*Fund (6)	*Org (5)	*Account (4)	*Program (3)	Amount
										0.00
										0.00
										0.00
										0.00
										0.00
<i>Subtotal</i>										0.00

MEALS Basic Meal Per Diem Effective 7/1/ 2009: Breakfast \$8.00 Lunch \$12.00 Dinner \$19.00 Full Day \$39.00 (These amounts include tips) Please indicate number of Guests in columns marked 'G'.

Please Note: Original receipts required for meals with guests.

Date	G	Breakfast	G	Lunch	G	Dinner	G	Daily Per Diem	G	For Office Use Only	*Fund (6)	*Org (5)	*Account (4)	*Program (3)	Amount
															0.00
															0.00
															0.00
															0.00
<i>Subtotal</i>															0.00

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.

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

Leave Blank

Approved, Head of Unit or Authorized Agent, **Printed Name**

Claimant Signature

Must be hand-signed, not typed

Executive Officer Signature and Date, if Required

Other Funding:	Amount to be Reimbursed or (Returned to GVSU)	\$0.00
R&D		
FTLC		
Other		