

GADSDEN STATE COMMUNITY COLLEGE OUT-OF-STATE TRAVEL REIMBURSEMENT FORM

Payee: _____ Department: _____

Itemized Statement of Necessary Traveling Expenses Incurred for Period _____ to _____

Add Each Column and Carry Totals Forward to Recapitulation on First Page

Transportation Expense—**all mileage (whole miles)**. List dates/details (include text/printout for mileage)

Date	From	To	Hour Depart Base Hour Return To Base	Miles if Private Car (whole miles) 715400	Mileage Rate @.725/mile
TOTAL					

List other transportation expenses: Airfare, baggage, car rental, ground transportation, and parking
(include receipts)

Date	Description	715100	Amount
TOTAL			

Meals and Lodging Expenses – List dates of travel, meal allowance or not provided for each date:
(include hotel receipt and meeting agenda)

List Each Date of Travel	Full Amt of Daily Allowance if no meals provided*	Breakfast per diem	Lunch per diem	Dinner per diem	Tips Incidentals per diem	Meal Total to expense	Lodging	Meals and Lodging Totals 715300
TOTAL								

*For each city, there is a daily meal allowance that may not be exceeded. (www.gsa.gov/travel/plan-book/per-diem-rates) (print this for backup). If a meal is provided, separately list each meal allowance otherwise list full day here.