



Travel Expenses Summary Form

INSTRUCTIONS: List only the items that have not been prepaid by the College or paid with the Student Life Office Purchase Card. Enclose all original itemized receipts. Any items claimed without original itemized receipts will not be reimbursed. You must submit all receipts to the Student Life Office. No reimbursements will be made for travel that has not been approved. **Your reimbursement check will be issued to your Organization's Advisor; members will not be reimbursed individually.**

Club/Organization: _____

Advisor: _____ Date Submitted: _____

Destination: _____

Meals: maximum \$35.00 per day: Breakfast \$8.00, Lunch \$10.50, Dinner \$16.50.	Total:	\$
Miles _____ at 44.5 Cents a mile	Total:	\$
Hotel/Motel room:	Total:	\$
Airfare	Total:	\$
Registration Fee	Total:	\$
Rental Vehicle	Total:	\$
Parking Fee	Total:	\$
Gas (for leased vehicle or bus only)	Total:	\$
Other:	Total:	\$
Other:	Total:	\$
Other:	Total:	\$
Other:	Total:	\$
Other:	Total:	\$
Total Amount of Reimbursement Check	Total:	\$

I certify that the above claim is correct and complete for the expenses listed. NO other claims for the same travel event shall be made. I understand that as the Advisor to this organization, the reimbursement check will be issued to me and I am responsible for proper distribution of the funds. Under no circumstance will reimbursement exceed the balance in the Organization's account.

Signature, Organization Advisor

Date

Received Date: ____/____/____

Staff:

Data Entry

Completed Date: ____/____/____

Staff:
