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

Department _____

Payee _____ Payee Vendor Number _____

Address _____

State of Alabama _____ County

The mileage and subsistence expense indicated in this expense account has been previously authorized and has been checked for compliance. Pay from _____ funds Approved _____ Departmental	I Hereby Certify That the Within Account in the Amount of $_____ is correct, due and unpaid. _____ Signature of Payee Sworn to and subscribed before me this _____ day of _____, _____ _____ Notary Public

RECAPITULATION OF EXPENSES

Travel Expenses	Amount	Emergency and Necessary Expenses Incurred in Connection with Travel	Amount
COMMERCIAL TRANSPORTATION			
MEALS AND LODGING			
MILEAGE, PRIVATE CAR @ .555/MILE	_____		
TOTAL TRAVEL EXPENSES			
_____	_____		
TOTAL POSTAGE, TELEPHONE, TELEGRAPH, AND EMAIL			
		_____ GRAND TOTAL EXPENSES	_____

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OUT-OF-STATE TRAVEL REIMBURSEMENT FORM, PAGE 2

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 – List dates of transportation expense and detail of expense:

Date	From	To	Hour Depart Base Hour Return To Base	Miles if Private Car	Fare or Mileage Rate .555/mile
				Total	

Include reimbursement for private car mileage to airport if flight taken.

Meals, Lodging and Emergency and Necessary Expenses – List all dates of travel, expenses incurred on each date and detail of expense:

List Each Date of Travel	Breakfast	Dinner	Supper	Room	Meals and Room Totals	Postage, Telephone, Telegraph, and Email	Misc.	Detail of Misc. Items
Totals								

Note tips paid in restaurants on meal receipts. When listing meal costs above, include tips in the costs.