

# TRAVEL REIMBURSEMENT FORM

Date: \_\_\_\_\_

Requesting Coalition: \_\_\_\_\_

## Traveler (Your) Contact Information

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Organization: \_\_\_\_\_

Work Address: \_\_\_\_\_

Title: \_\_\_\_\_

UGA Vendor Number: \_\_\_\_\_

## Trip Information

Dates of Trip: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Departed From:  Home  Work \_\_\_\_\_ Returned To:  Home  Work

Home Address (for mileage calculations): \_\_\_\_\_



**BUDGET LINE ITEM:** \_\_\_\_\_

Travel Date(s)	Departure Time	Arrival Time	Location	Lodging Expenses <i>(attach receipt)</i>

Please note, per diem meal reimbursement amounts will be calculated based on departure time(s) and location(s) visited. For details on amounts, please reference the Travel Reimbursement section of the Georgia Healthcare Coalition Handbook.

Other Expenses (e.g. taxi fares, registration fees, etc.)?  YES: \$ \_\_\_\_\_ (Please complete Other Expenses page)  NO  
**DO NOT include mileage and per diem as line items**

Comments:

Coalition Facilitator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Coalition Executive Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SUBMIT COMPLETED FORM AND RECEIPTS TO COALITION SUPPORT (coalitionsupport@uga.edu)**

UGA Use Only | Received: \_\_\_\_\_ | Travel Expense Statement Created: \_\_\_\_\_

# TRAVEL REIMBURSEMENT FORM | OTHER EXPENSES

Date: \_\_\_\_\_

Traveler's Name: \_\_\_\_\_

Travel Date(s)	Other Expense Description	Total Expense <i>(attach receipt)</i>
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

**OTHER EXPENSES TOTAL: \$** \_\_\_\_\_

Comments:

Coalition Facilitator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Coalition Executive Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**UGA Use Only** | Received: \_\_\_\_\_ | Travel Expense Statement Created: \_\_\_\_\_