

University of South Alabama

Athletic Team Travel Reimbursement Form

Name _____ Title _____ JAG # _____

Department or Division _____ Mailing Address _____

Opponent _____

Competition Date _____

Date dd-mm-yy	Itinerary Travel Points		Time am/pm 00:00 xm	Transportation			Meals					Lodging
				Mode	Miles(prvt auto)	Amount	Breakfast	Lunch	Dinner	Pre/Post Meal	Team Card	
	From		Dep									
	To		Arr									
	From		Dep									
	To		Arr									
	From		Dep									
	To		Arr									
	From		Dep									
	To		Arr									
Totals from supplemental page 2 (if necessary)												
Total												

Total transportation, meals and lodging	
Other Expenses Itemize other expenses and furnish required receipts Use supplemental page 2 (if necessary).	Total from supplemental page 2 (if necessary) - Other Expenses
Total Other Expenses	
Prepaid Expenses Itemize prepaid expenses included such as airline tickets etc. and attach receipts. Use supplemental page 2 (if necessary).	Total from supplemental page 2(if necessary) - Prepaid Expenses
Total Prepaid Expenses ()	

Net Travel Expenses to Be Reimbursed to Traveler
(Total travel expenses less prepaid expenses)

CERTIFICATION

I HEREBY CERTIFY that the above statements are true and that I have incurred the described expenses and the mileage in the discharge of my official duties for the University and have not been reimbursed and I have not filed nor will I file for reimbursement from any other resource for said expenses. I HEREBY CERTIFY that reimbursement for lodging is claimed at the single occupancy rate, except in cases where more than one University employee shared the same room, and that if reimbursement for valet parking is claimed, then that was the only parking available. I further certify that any eligible per diem not claimed is waived and the total claimed for travel reimbursement represents all expenses to be reimbursed for the trip.

Signature of Traveler

COMMENTS:

Approvals:

Department Head	Compliance
Athletic Business Office	Athletic CFO
Controller	



Accounting Distribution						
Fund	Organization	Account	Program	Activity	Amount	Debit/Credit

Name _____

Opponent _____

Date <i>dd-mm-yy</i>	Itinerary <i>Travel Points</i>		Time am/pm 00:00 xm	Transportation			Meals					Lodging
				Mode	Miles(prvt auto)	Amount	Breakfast	Lunch	Dinner	Pre/Post Meal	Team Card	
	From		Dep									
	To		Arr									
	From		Dep									
	To		Arr									
	From		Dep									
	To		Arr									
	From		Dep									
	To		Arr									
	From		Dep									
	To		Arr									
	From		Dep									
	To		Arr									
Total							Total					

Other Expenses				Prepaid Expenses			
Amount		Amount		Payment Type		Vendor	Amount
Baggage		Other		Springdale Travel		TR #	
Entry Fee				Enterprise Rent-a-Car - Local		LPO #	
Gas				Enterprise Rent-a-Car - Other			
Laundry				Entry Fees		DP #	
Parking				Other:		LPO #	
Snacks				Other:			
Team Entertainment				Other:			
Tips				Other:			
Tolls				Other:			
Total		Total		Total			

Place totals from Supplemental page on appropriate lines on page 1.