

## Request for Travel Reimbursement

\_\_\_\_\_  
**Name**

**Expenses**

**Airfare** (copy of credit card statement and flight itinerary required) \_\_\_\_\_

**Personal Car:** Mileage \_\_\_\_\_ @ current state rate 44.5¢ per mile \_\_\_\_\_  
 (Flat rate roundtrip to Atlanta Airport - \$89.00)

**Rental Vehicle** (original receipt required) \_\_\_\_\_

**Taxi/Bus/Subway/Parking** (original receipts required) \_\_\_\_\_

**Registration** (original receipt required) \_\_\_\_\_

**Other** (original itemized receipt required) \_\_\_\_\_

**Submit conference program**

**In-State Per Diem** \_\_\_\_\_ days @ current state rate \$\_\_\_\_\_ per day \_\_\_\_\_  
 (See Department website for rates)

**Out-of-State**

**Lodging** (original itemized receipt required with amount broken down by day)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**Meals** (itemized receipts required if over \$34 per day – receipts divided by meal – breakfast, lunch, or dinner – and by day)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Lunch							
Dinner							