

SOUTHERN APPALACHIAN YEARLY MEETING (SAYMA)
SINGLE TRIP TRAVEL REIMBURSEMENT REQUEST

This form features locked cells and prints in landscape mode

Name:		Purpose:	
Address:		Budget line (if known):	
		Phone – Need for billpay	
City	State	Zip	

Departure		Points of Travel		Return	
Date	Time (##:##)	From	To	Date	Time (##:##)

Transportation Item			Transportation	Expense
Air, train, or bus fare*				\$0.00
Personal Auto	Enter Mileage	Rate		
		\$0.14		\$0.00
OR * Gasoline and oil				
* Parking and tolls				
Public transit				
* Taxi				

Subtotal 1 - Transportation

Meals and lodging		
Date	Room Charge*	Meal Expense

Subtotal 2 - Lodging & Meals

Misc. Expense	Amount
Telephone-SAYMA Business	
Hotel Internet Access Charge*	
* Postage	
* Registration Fee	
* Other	

Subtotal 3 - Misc. Expense

*Receipts Required
I certify that the above travel expenses are true and accurate.

Amount Donated (enter)

Reimbursement Requested

Signature

Date: