

San Carlos Apache College

The Higher Education Institution of the San Carlos Apache Tribe



P.O. Box 344 ♦ 1 San Carlos Ave. Building 3 ♦ San Carlos, AZ 85550 ♦ (928) 475-2016

TRAVEL AND EXPENSE REIMBURSEMENT FORM

Traveler Information

Name: _____

Title: _____

Department: _____

Account Number: _____

Contact Information

Work Ext: _____

Cell Phone: _____

Email: _____

Trip/Expense Information

Please list trip information (location, date, event attended): _____

Expenses Incurred (receipts must be attached)

Paid in Advance by SCAC

Registration/Tuition:

Flight:

Baggage:

Lodging:

Rental:

Fuel for Rental/GSA:

Taxi, Rideshare, etc:

Parking:

Per Diem:

Mileage: X Rate: Total Mileage:

Other:

GRAND TOTAL:

Actual Cost/Reimbursement

Registration/Tuition:

Flight:

Baggage:

Lodging:

Rental:

Fuel for Rental/GSA:

Taxi, Rideshare, etc.

Parking:

Per Diem:

Mileage: X Rate: Total Mileage:

Other:

TOTAL REIMBURSEMENT:

All expenses incurred are in accordance with all applicable laws, GSA regulations, and SCAC Travel Expense policy.

TOTAL COST OF TRIP: _____ Add the total of all expenses paid by SCAC and employee for total cost of trip.

*Travel and Expense Reimbursement must be submitted no later than 10 business days upon return for travel. All receipts must be attached in order for expenses to be reimbursed. A receipt for hotel paid by SCAC and signed Travel Request Form must be attached. Receipts for meals are not required.

Approvals/Authorizations:

Employee Printed Name

Employee Signature/Date

Supervisor Printed Name

Supervisor Signature/Date

CFO Printed Name

CFO Signature/Date