SGA Travel Expense Report

Clear Form

For reimbursement of travel expenses from an SGA account

Instructions Documentation

SGA Budget Director Use Only
Approved Amount $_____
Requisition # 11-_____
Signature Date

Name: Student ID#:
Phone: Email:
Home Address:
Mail to:

SGA Account Number:
Sga Org. Name:
Org. Treasurer Name:

Where did you go:
(Enter city, state, province, country or general vicinity for rural areas or remote travel)

Travel Dates: From____/____/____ to ____/____/____ Depart time: _____ PM Return Time: _____ PM
mo,day,yr mo, day,yr

Why did you travel? Provide the name of the event you attended or explain your SGA business activity:

Names of other UWSP students/employees you traveled with:

Check the box if anyone paid the expense on your behalf: ☐ Airfare ☐ Registration ☐ Car rental ☐ Hotel

Check one: "I drove" ☐ My car ☐ Rental car ☐ UWSP Fleet car ☐ Passenger _____
Provide driver name

List each expense in chronological order. Number each receipt and enter the number below.
Staple or tape small receipts in receipt number order to a piece of paper.
Provide additional expense explanation directly on the receipt.

Rec't #	Date	Description of what you purchased or paid for:	Expense Amount ($) ***AUTO FUEL GOES →***	AutoFuel Amount ($)	Miles Driven
		TOTALS	0.00	0.00	0.00

Total expenses with mileage & no auto fuel $ 0.00
Total expenses with auto fuel & no mileage $ 0.00

Mileage Rate x .365
Total Mileage Reimbursement 0.00

CLAIMANT'S STATEMENT. 16.53 WI Statutes.I declare (under penalties of perjury) this account of travel expenses is accurate and conforms with all applicable University and State regulations. The expenses are actual, reasonable and were personally incurred in performance of my official duties. No portion of this claim was provided free of charge, covered by a registration fee, previously reimbursed from any other source, or will be paid from any other source in the future.

➔ Claimant Signature: _____ Date: _____

I certify that I have reviewed this travel claim and find it to be reasonable and in compliance with established travel policy and the mission of the department/organization.

➔ SGA Org Treasurer Signature: _____ Date: _____

I certify that I have audited this document for complaince with provisions of the UW System Travel Regulations.

➔ Travel Office Approval _____ Date: _____