Travel Settlement

The GPSG Travel Settlement must be turned in within **two weeks** of your return. This form is only to be used for approved travel funding received from the GPSG Finance Committee. Please contact Casey Hurst, SAFC Business Manager, at cphurst@uncc.edu, if you require any assistance in filling out this form.

**INSTRUCTIONS:**
*only complete the sections you are requesting reimbursement for*

A. **Transportation:** Indicate what form of transportation taken. Receipts are required for airfare, shuttle, parking, train tickets, taxi, gas (vehicle rental only), and rentals. For mileage reimbursement, attach a MapQuest printout from UNC Charlotte to your destination. Mileage will be funded at $0.17 per mile. Mileage will not be funded to the local airports or train station.

B. **Lodging:** Indicate how many nights you paid for, per night and taxes paid. Lodging will only be funded at the state rates of $71.20 (in state) and $84.10 (out of state). Travelers that split rooms must have receipts showing the amount paid by each.

C. **Registration:** Indicate amount paid for registration. If you presented at the conference, attach proof of your presentation. Without proof, attending approval amount will be applied.

D. **Meals:** Indicate how many meals you are submitting receipts for. Attach receipts for each meal. Receipts need to show what was ordered and payment details. Meals will not be funded without these itemized receipts. No alcohol will be reimbursed. Meals in home city will not be funded. SAFC meal per diems will be followed:

<table>
<thead>
<tr>
<th></th>
<th>In state</th>
<th>Out of state</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>$8.40</td>
<td>$8.40</td>
</tr>
<tr>
<td>Lunch</td>
<td>$11.00</td>
<td>$11.00</td>
</tr>
<tr>
<td>Dinner</td>
<td>$18.90</td>
<td>$21.60</td>
</tr>
</tbody>
</table>

E. **Other Funding:** Indicated whether your travel is being paid by other sources, contact information, what is funded and how much you are receiving.

F. **Traveler Signature:** Sign, date and turn in all necessary receipts and the attached evaluation form.

*Expenses not funded: mileage to the local airport or train terminal, meals without receipts, hotel amenity charges such as in-room safes, internet fees, resort fees, gratuity not included in meal per diem, membership fees not included with registration, postage and printing of conference materials, expenses paid by your department*
GPSG TRAVEL SETTLEMENT

This form MUST be completed and returned within two weeks of the conclusion of your meeting or conference. ORIGINAL receipts MUST accompany this form.

Applicant Name: ________________________________________________________

Email Address: _________________________________________________________

Student Organization: ____________________________________________________

Travel Dates: _______________ Destination: _______________________________

Purpose of Trip: _________________________________________________________
   (include type of presentation and conference name)

A. Transportation Costs:
   Air/Train/Bus Fare: ___________________________________________________
   Parking/Taxi/Shuttle Fare: ____________________________________________
   Rental Car/Gas: _______________________________________________________
   Personal Vehicle (mileage): _______________ [mileage will funded at $.17/mile]

   Office Use Only – Total: _____________________________________________

B. Lodging:
   Number of nights in hotel: _____________________________________________
   Hotel rate per night: _______________ Taxes per night: ___________________

   Office Use Only – Total: _____________________________________________

C. Registration Fee: ___________________________________________________

D. Meals
   Number of Meals to be claimed:
   Breakfast: _______________ Lunch: _______________ Dinner: _______________

   Office Use Only – Total: _____________________________________________
E. Other Funding:

Is your participation supported by other sources? __________________________

Amount: __________________________

Source: __________________________

Which expenses are being reimbursed by other sources? __________________

Office Use Only

Total Eligible (a + b + c + d): ________________ Total Approved: ________________

F. Student’s Pledge

I have read, understand, and agree to abide by the regulations governing the allocation and use of GPSG travel funds. I understand that if original receipts do not arrive at the GPSG office, I cannot be reimbursed by GPSG. I also agree to return any funds over-allocated to me by the GPSG.

Signature: __________________________ Date: __________________________

G. GPSG Approval

GPSG Treasurer: __________________________

H. SAFC Approval

Business Manager: __________________________

Return completed forms accompanied by the appropriate original receipts and GPSG Travel Evaluation to:

Graduate & Professional Student Government
SAFC Business Manager
212V Student Union
704-687-7255
cphurst@uncc.edu
GPSG TRAVEL EVALUATION FORM

This evaluation form is for graduate students who have received travel funding from Graduate and Professional Student Government (GPSG). This evaluation should be submitted along with the Travel Settlement and receipts to the SAFC Business Manager within two weeks of the date of return.

Name of Graduate Organization: ______________________________________________________

Traveler Name: ____________________________________________________________________

Name of Conference: __________________________________________________________________

Conference Dates: ____________________________ attended □ presented □

Amount allocated by GPSG: $ ____________ Amount used by traveler: $ ____________

How many UNC Charlotte students attended this conference? ______________

Please summarize the activities involved with the travel:

How does this travel benefit the entire UNC Charlotte student community?

The information submitted above is accurate to the best of my knowledge. I understand that my student organization could be penalized should the information above be found to be fabricated or untrue.

____________________________________________________

Traveler’s Signature Date

____________________________________________________