



TUSCULUM

Site Travel Reimbursement Form

TRAVEL EXPENSES:

From (city): _____ To (city): _____

Travel Dates: _____

PURPOSE: _____

(Group number and course, committee meeting, etc.)

*From Knoxville to:		*From Greeneville to:		*From Morristown to:		*From Gray to:	
Gray	190	Gray	18	Gray	83	Greeneville	18
Greeneville	146	Knoxville	146	Greeneville	38	Knoxville	190
Morristown	95	Morristown	38	Knoxville	95	Morristown	83

*TRAVEL IS REDUCED 30 MILES ROUNDTRIP FOR EACH SITE FOR ONE TRIP.

Calculation:

Number of trips _____ X Mileage per trip (see above) _____ = _____ Total Miles

Total Miles _____ X \$0.30 = \$_____ Total Mileage Expense

OTHER EXPENSES (All other expenses must have prior approval and store receipt)

Copying \$ _____

Other \$ _____

Total Other Expenses = \$ _____

Approvals	
Division Director	_____
Vice President	_____
Office of Finance	_____
President	_____
(if over \$5,000)	

PLEASE ATTACH ALL RECEIPTS TO REIMBURSEMENT FORM.

PRINT NAME _____

ACCOUNT NUMBER _____

ADDRESS _____

DATE _____

CITY _____ STATE _____ ZIP _____

SIGNATURE _____

The Site Travel Reimbursement Form is to be submitted within 10 work days of course grade submissions to receive payment (otherwise payment will be forfeited).