

For Business Use Only



The University of Georgia

Accounts Payable
Reimbursable Expense Statement for Nonresident Aliens

Payee Last First Middle Initial Social Security No, or ITIN

Address: _____

Sponsoring University Department: _____ Dates of Incurred Expenses _____

Contact Name and Phone Number: _____

DETAIL OF EXPENSES

| | Location | Number of days | Amount per day | Total Amount | | |
|--|--|----------------|--|---|----------------|-------|
| Lodging (must attach receipts) *Not to exceed \$107 per night | 1 | | | | | |
| | 2 | | | | | |
| | 3 | | | | | |
| | 4 | | | | | |
| | 5 | | | | | |
| | Total | | | | | |
| Meals *Allowance for meals on date of arrival and departure apply only if the traveler is present at UGA during time of meal. | Meal Allowance: | | Breakfast \$6.00 | Lunch \$7.00 | Dinner \$15.00 | |
| | Day of Arrival | | | | | |
| | Date | Time | Breakfast | Lunch | Dinner | Total |
| | | | | | | |
| | Day of Departure | | | | | |
| | Date | Time | Breakfast | Lunch | Dinner | Total |
| | | | | | | |
| Number of full days spent at UGA* _____ x \$28 = _____ *Not including arrival or departure date. | | | | | | |
| Total of all meals | | | | | | |
| Day | Common Carrier, Taxi, Airport Shuttle (Explain, attach receipts for common carrier) | Amount | Day | Airfare and Miscellaneous Expenses (Explain, attach receipts as appropriate) | Amount | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total Amount (Enter in appropriate line of above expenses section) | | | Total Amount (Enter in appropriate line of above expenses section) | | | |
| Grand Total | | | | | | |

I do solemnly swear, under criminal penalty of a felony for false statements subject to punishment by fine of not more than \$1,000 or by imprisonment for not less than one nor more than five years, that the above statements are true and I have incurred the described expenses in accordance with the University's travel policy.

Approved Signed Date