

Travel Reimbursement Form

Graduate Student Association of Textile and Apparel Management

Date: _____

Name: _____

Student Number : _____

Address: _____

University E-Mail: _____

Description of Travel:

Name of Association/Organization: _____

Dates of Travel: _____ to _____ City and State : _____

Total Cost of the Trip:

Transportation:

Airfare :\$ _____ Bus :\$ _____ Private Vehicle :\$ _____

Lodging :\$ _____ Registration :\$ _____ Meals :\$ _____

Miscellaneous : _____ . :\$ _____

Total Cost: \$ _____

Reimbursements Receipts Submission Details:

Airfare: \$ _____ Bus :\$ _____ Private Vehicle :\$ _____

Lodging: \$ _____ Registration: \$ _____ Meals: \$ _____

Miscellaneous: _____ . :\$ _____

Total Reimbursement Request Amount: \$ _____

External Funding:

Source: _____ Allocation:\$ _____

Source: _____ Allocation:\$ _____

Source: _____ Allocation:\$ _____

Source: _____ Allocation:\$ _____

Total External Funding: \$ _____

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Terms of Agreement

Individual members will be reimbursed based on the total receipt amounts submitted. The receipts submitted to GSATAM, cannot be submitted to any other organisation for travel funding. The individual members take full responsibility of the genuineness of the receipts submitted. The GSATAM is not liable, if any member submits same receipt to two different organizations for reimbursements.

I have read the Graduate Student Association of Textiles and Apparel Management 's General Travel policies and requirements.

Signature: _____

Date: _____

Name: _____

Please submit the reimbursement form and receipts to GSATAM treasurer within 15 days of returning from Travel

For Office Use Only

Airfare: \$ _____ Bus :\$ _____ Private Vehicle :\$ _____

Other: _____ . : \$ _____

Lodging: \$ _____ Registration: \$ _____ Meals: \$ _____

Miscellaneous: _____ . : \$ _____

Total Reimbursement Requested:\$ _____ Total Amount of Receipts Submitted:\$ _____

Total Reimbursement Approved:\$ _____

Notes: _____

Approved By:

Signature: _____

Name: _____

Position: _____

Signature: _____

Name: _____

Position: _____
