



ESTABLISHED 1794

### 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 = \$ \_\_\_\_\_

<b>Approvals</b>	
Division Director	_____
Vice President	_____
VP/CFO	_____
President	_____
(if over \$1,000)	

**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).