

SAO INDIVIDUAL TRAVEL EXPENSE REPORT (DAY TRIP ONLY)

NAME_____TRIP NUMBER_____
DATE_____

PER DIEM ALLOWANCES

Travel Office Use Only:
CITY_____M&IE_____TOTAL_____

Please complete Sections 1 through 4 and return to the Travel Office (MS 44) within five business days. Attach your airline ticket receipt, as well as car rental and registration receipts. A receipt must also accompany miscellaneous business expenses over \$75.00. Expenses in foreign currencies need to be converted into US dollars. **Reimbursement may be delayed if form is incomplete.** Thank you for your cooperation.

SECTION 1

TRANSPORTATION TO/FROM DUTY STATION (DESTINATION)

It's important for you to list your duty station under "Arrive." It is not necessary to list connecting points, only information to/from duty station.

DATE_____TIME_____am/pm LEAVE_____

DATE_____TIME_____am/pm ARRIVE (duty station)_____

DATE_____TIME_____am/pm LEAVE_____

DATE_____TIME_____am/pm ARRIVE (home or office)_____

_____POV (personally owned vehicle) used. _____miles traveled.

SECTION 2

RENTAL CAR INFORMATION

___ SAO car rental paid with voucher or direct billed to SAO. Receipt attached. Amount \$ _____
___ Personal credit card used to pay for business rental. Receipt attached. Amount \$ _____

Note: As the Smithsonian is a self-insurer, optional insurance (CDW, LDW etc.) is unnecessary, and therefore not reimbursable for rentals within the United States. Rentals outside the United States may require optional insurance, and the cost of that optional insurance would be reimbursable.

SECTION 3

REIMBURSABLE BUSINESS EXPENSES

This section includes costs incurred for any phone calls, taxis, buses, POV tolls, parking, etc.

DATE _____	ITEM _____	COST _____
DATE _____	ITEM _____	COST _____
DATE _____	ITEM _____	COST _____
DATE _____	ITEM _____	COST _____
DATE _____	ITEM _____	COST _____
DATE _____	ITEM _____	COST _____
DATE _____	ITEM _____	COST _____
DATE _____	ITEM _____	COST _____

SECTION 4

MEALS AND INCIDENTAL EXPENSES (M&IE)

Note: In order to claim reimbursement for meals and incidental expenses, Federal regulations require that the total length of a day trip is 12 hours or more.

___ I am claiming the maximum M&IE expenses allowed
___ I am claiming actual M&IE for trip: TOTAL AMOUNT CLAIMED \$ _____
Was any portion of this trip spent on annual leave? No ___ Yes ___ Dates _____
Was any portion of this trip reimbursed by an outside organization other than SAO?
No ___ Yes ___ Dates reimbursed _____ Portion reimbursed _____

