

ALL Travel must be pre-approved

South Pointe Graduate Medical Department – Travel Expense Worksheet

This worksheet is to be used for residents to calculate approximate costs of travel including registration, flights or mileage, hotel, food and other related expenses. Turn this form in with original receipts upon your return.

Name: _____ Signature: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Cell phone: _____

Purpose of Travel: _____

Please attach the program brochure, agenda, itinerary or complete registration form.

Seminar Fee: _____ Did you request prior payment of this fee? Yes ____ No ____

Travel Expenses

Airfare/flights: \$ _____ (arranged by CCF travel with AMEX)

Mileage: \$ _____ (now at 55.5 cents per mile)

Hotel charges: \$ _____ (must be on hotel letterhead)

Other travel related charges: \$ _____

**Car rental must be pre-approved

Meals/Food: Day 1: Breakfast _____ Lunch _____

Dinner _____ Snacks _____

Day 2: Breakfast _____ Lunch _____

Dinner _____ Snacks _____

Day 3: Breakfast _____ Lunch _____

Dinner _____ Snacks _____

Day 4: Breakfast _____ Lunch _____

Dinner _____ Snacks _____

Day 5: Breakfast _____ Lunch _____

Dinner _____ Snacks _____

This information must be completed by the person requesting reimbursement and returned to GME department upon return from seminar. The calculations will be compared to original receipts and adjustments made accordingly. Accurate information will be forwarded to Accounts Payable department on appropriate forms. If there are questions please contact Grants Coordinator in the GME Department. Thank you.