



Travel Expense Form

Name _____ Phone _____

Purpose of Activity _____

Location _____ Dates _____

Check this box if you need to update your address on file and please complete the fields below:

Address _____

City/State/Zip _____

Please attach receipts for all expenses.

SAA will not reimburse expenses submitted more than 30 days following expenditure. There are no exceptions to this rule.

ITEM	SUNDAY /	MONDAY /	TUESDAY /	WEDNESDAY /	THURSDAY /	FRIDAY /	SATURDAY /	TOTAL
AIRFARE								
AUTO MILEAGE @ \$0.54/MILE								
TAXI/SHUTTLE								
LODGING								
MEALS (UP TO \$45/DAY)								
MISCELLANEOUS								
DAILY TOTAL								

TOTAL EXPENSES \$ _____

ADVANCES \$ _____

BALANCE DUE INDIVIDUAL \$ _____

BALANCE DUE SAA \$ _____

Signature _____ Date _____

Return form to:

SOCIETY OF AMERICAN ARCHIVISTS
17 NORTH STATE STREET, SUITE 1425, CHICAGO, ILLINOIS 60602-3315 USA
OR FAX 312/606-0728

FOR SAA USE ONLY: APPROVED BY _____	ACCT. CODE _____
--	------------------