



SOCIETY OF American Archivists

Travel Expense Form

Name _____ Phone _____

Mailing Address _____

City/State/Zip _____

Purpose of Activity _____

Location _____ Dates _____

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 @ \$0.58/MILE								
TAXI/SHUTTLE								
LODGING								
MEALS (UP TO \$45/DAY)								
MISCELLANEOUS								
DAILY TOTAL								

TOTAL EXPENSES \$ _____

ADVANCES \$ _____

BALANCE DUE INDIVIDUAL \$ _____

BALANCE DUE SAA \$ _____

Signature _____ Date _____

Return this form to:

Society of American Archivists
17 North State Street, Suite 1425, Chicago, IL, 60602 USA
OR FAX (312) 606-0728

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