



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 | SAT / | SUN / | MON / | TUE / | WED / | THU / | FRI / | TOTAL |
|----------------------------------|----------|----------|----------|----------|----------|----------|----------|-------|
| AIRFARE | | | | | | | | |
| AUTOMOBILE MILEAGE @ 55¢/MILE | | | | | | | | |
| TAXI | | | | | | | | |
| LODGING | | | | | | | | |
| MEAL PER DIEM @ \$45 PER 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 _____