EPSILON SIGMA PHI
Your Key to Professional Excellence

TRAVEL EXPENSE FORM

Name:
Address:
Purpose of Travel:

Itinerary		Private Auto Miles	Air Fare $	Lodging $	Meals		Other		Total $
Date	Location				BLD	Total $	Item	Amount	
									$ -
									$ -
TOTALS		0	0.00	0.00	XXX	$ -	XXX	0.00	$ -
Auto Miles @ Federal Mileage Rate								$ 0.54	$ -
TOTAL PAYABLE									$ -

Please submit request to:
Greg Price
Epsilon Sigma Phi National Office
55 Walton Place Drive
Newnan, GA 30263
Phone: 470-347-0394

Allowed Reimburseable Expenses - GSA Rates for location
Breakfast…… 20%
Lunch…… 30%
Dinner…… 50%
Travel Day Allowance 75% of GSA Rate for location
Meal Receipts not necessary

GSA Rates Available at: http://www.gsa.gov/portal/content/104877

Endorsement: I certify the above expenses are accurate and were incurred and authorized in connection with the work of Epsilon Sigma Phi.

Signature: _____ Date: _____