



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 @ 50¢/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 _____