



SOCIETY OF  
American  
Archivists

# Travel Expense Form

Name:

Email:

Mailing Address :

Mobile:

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 @ \$0.72/MILE								
TAXI/SHUTTLE								
LODGING								
MEALS (UP TO \$68/DAY)								
MISCELLANEOUS								
DAILY TOTAL								

TOTAL EXPENSES \$ \_\_\_\_\_

ADVANCES \$ \_\_\_\_\_

BALANCE DUE INDIVIDUAL \$ \_\_\_\_\_

BALANCE DUE SAA \$ \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Society of American Archivists  
17 North State Street, Suite 1425  
Chicago, IL, 60602

FOR SAA USE ONLY

RECEIVED: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

ACCT. CODE: \_\_\_\_\_