

Division of Financial and Business Services

**TRAVEL EXPENSE REPORT**

**Associated Students of the School of Pharmacy**

**Dean Subsidy Account**

Student Body Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Conference or Meeting Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Conference or Meeting Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(city)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(state)

Student role at this meeting (select all that apply): Attendee | Delegate | Abstract Presenter | Competitor

Student Body Organization Student Representative Attending the Meeting:

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ @usc.edu

*List each original receipt separately.*

*Mount all receipts on 8.5” x 11” sheets of paper using clear adhesive tape.*

*Tape the original conference name badge on a piece of paper.*

*Provide the name of the company / business along with the item description and/or purpose.*

*Provide a copy of your credit card statement; names on company account must match attendee’s name.*

*Use a paperclip to attach all sheets of paper together; do not staple sheets together.*

*It is advised to make a copy of this for your records, prior to submission to the ASSP Vice President of Professional Conferences.*

***Incomplete and late forms are subject to delays, reduced reimbursement and/or nonpayment.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of Purchase** | **Description/Item** | | | **Allowable\*\***  **Amount** |
|  | Meeting/Conference Registration; Organization | | |  |
|  | Transportation\* method: personal vehicle / plane / train | | |  |
|  | Transportation\* company: | | |  |
|  | Personal vehicle\* mileage (0.54/mile): \_\_\_\_\_\_\_\_\_miles  - Attach Google Maps mileage confirmation from home address to Meeting/Conference venue | | |  |
|  | Lodging\* / Hotel Company:  Number of Nights:  Rate per Night: | | |  |
|  | Food\* (Maximum is $45.00/day; *no alcohol allowed*) | | |  |
| *Breakfast* | *Lunch* | *Dinner* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Total Reimbursement: | | |  |

\* These items must be pre-authorized by the Associated Students of the School of Pharmacy representatives. These apply to students who are special designees to represent the School or University.

\*\* Allowable amount will be announced to the student body after all Meeting Scholarship applications have been submitted. Allowable amount varies for each meeting; may vary for different student representatives contingent on the student role at the meeting.

This is an accurate report of my expenses. There are no “government unallowable” expenses, as defined in the Dean Subsidy Expenditure Guidelines.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reimbursee’s Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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ASSP Vice President of Professional Conferences’ Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ASSP Vice President of Finance’s Signature Date

Received by ASSP Faculty Advisor on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)

Signature of Susie H. Park, Associate Dean for Students Affairs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Part of invoice #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_