Stephen F. Austin State University
Prospective Employee Travel Expense Worksheet

A Substitute W-9 must be on file to process travel reimbursements.

Name: ____________________________________________________________

Address: __________________________________________________________

City/State/Zip: _____________________________________________________

Phone: _____________________________________________________________

Home or Departure Location: _________________________________________

Depart Date: __________  Depart Time: __________

Return Date: __________  Return Time: __________

*Airfare (receipt required)

Baggage Check Fees (receipt required)

Rental Car (receipt required) (Optional expenses not reimbursable: liability insurance supplement, personal accident insurance, safe trip insurance, personal effects insurance)

Fuel for Rental Car (receipt required) (Fuel purchased from the rental car company is not reimbursable)

Taxi/Shuttle (receipt required)

Meals (itemized with date/time)

*Lodging (receipt required)

Parking (receipt required)

Personal car mileage ________ miles @ $.545/mile = $ __________

(Attach Google Maps or MapQuest mileage calculation and directions)

*Please submit receipts for prepaid airfare and direct-billed lodging in order for SFA to verify and document charges.

Signature of Traveler ____________________________________ Date __________

Return reimbursement request and receipts to:

Nacogdoches, TX 75962