

SAO INDIVIDUAL TRAVEL EXPENSE REPORT

NAME _____

DATE _____

Advance received. AMOUNT \$ _____ TRAVEL AUTHORIZATION# _____

INSTRUCTIONS

Does **employee** travel include **sponsored travel**? YES NO

If YES, complete Sections 1 and 6.

If NO, complete Sections 1 through 5.

Complete Sections 1 through 6 if the trip was both sponsored and SAO-funded travel.

- Please return this form to the **SAO Travel Office, MS-44, within three business days** after completion of travel.
- **STAPLE ORIGINAL RECEIPTS TO THIS FORM.** Airline e-ticket receipt/invoice; hotel, car rental, and registration receipts; and receipts for miscellaneous business expenses over \$75 are required.
- Expenses in foreign currencies must be converted into US Dollars (\$).

Historical currency conversion rates must be documented.

SAO TRAVEL

SECTION 1: TRANSPORTATION TO/FROM SAO OFFICIAL DUTY STATIONS

List only official duty stations. Please use a separate sheet if more than two temporary duty stations were visited.

DATE _____ LEAVE _____

DATE _____ ARRIVE (duty station) _____

DATE _____ LEAVE _____

DATE _____ ARRIVE (duty station) _____

DATE _____ LEAVE _____

DATE _____ ARRIVE (duty station) _____

SECTION 2: RENTAL CAR INFORMATION (Attach receipt)

DATE _____ RENTAL AGENCY: _____ COST \$ _____

NOTE: As the Smithsonian is a self-insurer, optional auto rental insurance (CDW, LWD, etc.) is unnecessary and therefore not reimbursable for rentals within the United States. Rentals outside the United States require optional insurance and are reimbursable.

SECTION 3: SAO REIMBURSABLE BUSINESS EXPENSES (Attach receipts for items over \$75)

List mileage, phone calls, taxis, tolls, parking, registration fees, DOMESTIC LODGING TAXES, etc., Use USD (\$).

Personally owned vehicle used TOTAL MILES TRAVELED _____

Section 3 continues on Page 2.

SPONSORED TRAVEL FOR SAO EMPLOYEES

SECTION 6: SPONSORED TRAVEL BUSINESS EXPENSES

- If all expenses were provided in-kind by the sponsor, *SKIP THE REST OF THIS FORM.*
- If expenses were directly reimbursed, please provide a list of expenses and a copy of the reimbursement payment from the sponsor. *SKIP THE REST OF THIS FORM.*
- Some expenses are to be reimbursed through SAO. List mileage, phone calls, taxis, tolls, parking, registration fees, DOMESTIC LODGING TAXES, etc., Use USD (\$). **Attach ALL RECEIPTS required by sponsor and SAO.** If the sponsor requires original receipts to be sent directly to them, copies are acceptable for this report.

DATE	EXPENSE ITEM	COST USD (\$)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SPONSORED LODGING EXPENSES (Attach receipts)
Do not include DOMESTIC LODGING TAX in this section.

CHECK-IN DATE	PROPERTY NAME	# NIGHTS	COST USD (\$)
_____	_____	_____	_____ (Per night)
_____	_____	_____	_____ (Per night)
_____	_____	_____	_____ (Per night)

A portion of this trip was spent on annual or non-duty leave. DATES _____

SPONSORED M&IE (Attach receipts if required by sponsor)

DATE	DUTY STATION	# DAYS	TOT COST USD (\$)
_____	_____	_____	_____
_____	_____	_____	_____