

SVAR Upon approval by your Department Head, please submit this form to accountspayable@sva.edu for reimbursement of travel/expenses that you paid for out of pocket. Reimbursements will be issued within two weeks of receipt of this form and upon approval by management.

Date Prepared	Employee/Vendor ID#	Employee Name	Department GL [(6-digit prefix #)	Department
Purpose of T	īrip:			
Date				
of Expense	Description / Business Purpos	e	Expense Category	Total (USD \$)
			-	
			-	
			-	
			-	
			-	
			-	
			-	
	Personal Auto Use (SVA's appro	oved reimburseable amount is \$0.625/mile)	# of Miles Driven	
Clic	k to deposit receipts on left			
	Employee Sig	gnature	Grand T SVA Adva (if provided	ince
	Department Head A	pproval	Balance Due to Emplo	SVA
	President/Controller A	pproval	·	

Date of Expense	· · · · · · · · · · · · · · · · · · ·
	Hosted Meals & Entertainment with Non-SVA staff(include organization & attendees being hosted REQUIRED)

For A/P Use:

Lodging/Transportation 5402010 Internal M&E - 5402530 Instructional Supplies - 5252010 Non-Instructional Supplies - 5400510 External M&E - 5402510