



AUGUSTA UNIVERSITY
**MEDICAL COLLEGE
 OF GEORGIA**

Regional Campus “Volunteer Clinical Faculty” Travel Expense Report

Annual Faculty Development Conference

June 7 – 9, 2018

Jekyll Island, Georgia

(Instructions: This form is for non-Augusta University employee use only. Augusta University employees, please submit a travel authorization form and travel expense form through your home department for reimbursement. **Non-Augusta University employees,** please complete this form, a W-9 form and a Service Agreement Request (SAR) form, then attach all original receipts and deliver to Golanda Blackwell prior to departure on June 9th.) **Note: All meals are provided while attending retreat.**

Name (as it should appear on reimbursement check): _____

Are you a University System of Georgia employee/retiree? *please check one* Yes No

If yes, please name the institution _____

Cell phone: _____ **Email:** _____

Regional Affiliation: *please check one*

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> NW Clinical Campus (ROME) | <input type="checkbox"/> SW Clinical Campus (Albany) | <input type="checkbox"/> Wellstar |
| <input type="checkbox"/> GRU/UGA Partnership (Athens) | <input type="checkbox"/> SE Clinical Campus (Savannah/Brunswick) | <input type="checkbox"/> Augusta |

Address (for reimbursement check): _____

Social Security Number (for tax purposes only) _____

Breakdown of Expenses:

Hotel (2 night-stay only) \$_____ (receipt must be attached)

Jekyll parking pass \$_____ (receipt must be attached)

Mileage (.545/mile) \$_____ (beginning odometer reading _____, ending odometer reading _____)

TOTAL EXPENSES \$_____

I understand that all reimbursement forms/receipts must be submitted on site, June 9, 2018. I also understand that reimbursement forms will not be received after the June 9, 2018.

Golanda Blackwell, MBA - Regional Campus Business Coordinator
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 St. Joseph’s/Candler Health System
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 Savannah, GA 31405
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Signature: _____

Date: _____