



AUGUSTA UNIVERSITY
**MEDICAL COLLEGE
 OF GEORGIA**

Regional Campus “Clinical Faculty” Travel Expense Report

**Annual Faculty Development Retreat
 June 1 – 3, 2017
 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 mail the complete package to the address provided below.) 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

Cell phone: _____ Email: _____

Regional Campus Affiliation: **please check one**

- NW Clinical Campus (ROME) SW Clinical Campus (Albany)
- GRU/UGA Partnership (Athens) SE Clinical Campus (Savannah/Brunswick)

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

TOTAL EXPENSES \$_____

I understand that forms/receipts received more than 30 days past the travel return date will not be reimbursed. This travel expense form and receipts will be mailed to the address below.

Golanda Blackwell, MBA - Regional Campus Business Coordinator
 Augusta University-Medical College of Georgia
 St. Joseph’s/Candler Health System
 5356 Reynolds Street, Suite 203
 Savannah, GA 31405
 Phone: 912-819-8337
 Email: gblackwell@augusta.edu

Signature: _____

Date: _____