## **GSA Expense Report**

Name:	Date:
Email:	Phone:
Supervising Professor:	Supervising Professor Email:
Supervising Professor Signature:	

## Expenses (all receipts must be provided)

	Expenses	Date:	Date:	Date:	Date:	Date:	Date:	GSA Total	Grand Total
1	Lodging								
2	Meals								
3	Registration								
4	Rental Car								
5	Other Transportation								
6	Air Travel								
7	Mileage (= miles driven x 0.655)								
8									
9									
10	Total Expenses								
11									
12		Amount from Source #1							
13		Amount from Source #2							
14		Amount from Source #3							
15		Total Amount from other Sources							
16									
17		Differer	nce (betw						
18									
19		Amount Requesting							
20		Amoun	t Approve						

Please report sub totals of receipts used for Dedman GSA reimbursement by day and provide a grand total amount for comparison with reimbursements from other sources. Use additional pages if required.

<sup>\*\* &#</sup>x27;Miles Driven' refers to the total roundtrip distance from SMU to your destination. Please supply a Google Maps printout (or equivalent) clearly indicating the total trip distance with SMU as the "From" location. Millage rate is updated annually to the current IRS rate; \$0.655 is the 2023 amount.