

GSA Expense Report

NAME:	DATE:
EMAIL:	PHONE:
SUPERVISING PROFESSOR:	EMAIL:
SUPERVISING PROFESSOR'S SIGNATURE:	

EXPENSES All receipts for GSA payment must be provided	Date:	Date:	Date:	Date:	Date:	GSA Totals	Grand Total
1 Lodging							
2 Meals							
3 Registration Fee							
4 Rental Cars							
5 Other Ground Transportation							
6 Air Transportation							
7 Mileage (= Miles Driven** x \$0.535)							
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	----\$0.00----
16							
17						DIFFERENCE (between line 10 and line 15)	
18							
19						AMOUNT REQUESTING	
20							
21						AMOUNT APPROVED (For GSA Use)	

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.

** ‘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; \$0.535 is the 2017 amount.