### GSA Expense Report

**NAME:**

**DATE:**

**EMAIL:**

**PHONE:**

**SUPERVISING PROFESSOR:**

**EMAIL:**

**SUPERVISING PROFESSOR’S SIGNATURE:**

### EXPENSES

All receipts for GSA payment must be provided

<table>
<thead>
<tr>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>GSA Totals</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Lodging
2. Meals
3. Registration Fee
4. Rental Cars
5. Other Ground Transportation
6. Air Transportation
7. Mileage (= Miles Driven** x $0.535 )

**TOTAL EXPENSES:**

<table>
<thead>
<tr>
<th>AMOUNT FROM SOURCE #1</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>AMOUNT FROM SOURCE #2</td>
<td></td>
</tr>
<tr>
<td>AMOUNT FROM SOURCE #3</td>
<td></td>
</tr>
<tr>
<td>TOTAL AMOUNT FROM OTHER SOURCES</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**DIFFERENCE (between line 10 and line 15)**

**AMOUNT REQUESTING**

**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.