

SOG/SOGS Non-employee Travel Reimbursement Request Form

Name

Street Address (Home)

City, State, Zip Code

Email & Phone Number

To: BUSINESS OFFICE
SCHOOL OF GOVERNMENT/SOGS
CB# 3330, Knapp-Sanders Building
UNC-Chapel Hill
Chapel Hill, NC 27599-3330
sog_bod_tickets@sog.unc.edu

For: Services with dates _____

Honorarium: \$ _____

Transportation:
(The Mileage rate is .67 cents per mile, please provide Google Maps.
For rental car or air flight, please provide receipts) \$ _____

Lodging:
(Excess lodging expenses must be justified if hotel rate is more than 50%
higher than the Federal GSA rate. Please check the GSA lodging rate
[here](#). Please provide the itemized receipt.) \$ _____

Meals:
SOG/SOGS uses federal per diem rates for personal meals
reimbursement. Please use [Federal GSA Per Diem Calculator](#). Please
attach the GSA calculator screenshot.) \$ _____

Other reimbursable expenses with original receipts attached: \$ _____

TOTAL AMOUNT DUE: \$ _____

Traveler Signature Date

Approver Signature Date