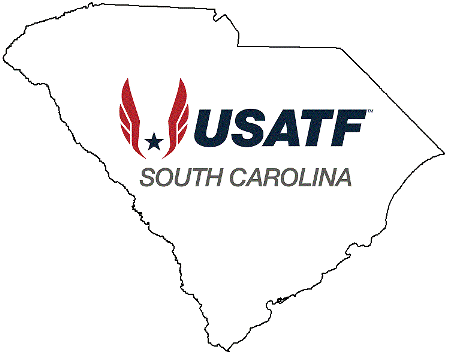
****USATF South Carolina Pre-Travel Plan & Reimbursement form\***

**Travel Plans - Must be submitted prior to travel. Convention Delegates must submit plans at least 2 weeks prior.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Address: |  |
| Cell Phone: |  | State/Zip: |  |
| Trip Start Date: |  | Trip End Date: |  |
| Purpose of Trip: |  | # Trip Days: |  |
| Round Trip Travel From:  (Location) |  | Travel To:  (Location) |  |

**Travel Costs** - SC will pay the lesser of the two. If driving w/multiple people, only 1 can claim travel costs. Include # in the car below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Estimated Driving Distance:  (round trip)  Attach Google Map |  | Flight Costs:  Attach flight costs dated 2 weeks or more before travel |  | **Actual Costs**  Actual mileage : |
| Mileage rate:  2022 IRS $0.58.5 | $0.585 | Luggage Costs:  Only 1 bag reimbursed | N/A |  |
| **Cost Estimate**  divide by #in car |  | **Cost Estimate** |  |  |

**Lodging Costs** - SC will book double occupancy rooms. Requested single rooms will be charged 1/2 room rate.

|  |  |  |  |
| --- | --- | --- | --- |
| Lodging Costs per Night: | # Lodging Nights div # in room: | **Cost Estimate** | **Actual Costs** |
| $159.00 + $19.877 (tax) = $178.877 single |  |  | **paid by USATF-SC** |

**Per Diem** - M&IE from GSA.gov Per diem check to be paid at National Convention

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Rate for location | # Travel Days | x 75% rate.  $51.75 = | # Other Days | x 100% rate.  $69.00 = | **Cost Estimate**  travel $ + other $ | **Actual Costs** |
| $69 (100%) / $51.75 (75%) |  |  |  |  |  | **paid by USATF-SC** |

**Registrations**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Event: | Costs: | Event: |  | Costs: | **Cost Estimate** | **Actual Costs** |
| Annual Meeting | $250 |  |  | $0 | **$250** | **paid by USATF-SC** |

**Other Expenses** - Receipts must be submitted for reimbursement. Additional documentation may be requested upon return.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| examples: parking, tolls, cab, uber | **$** |  | **$** | **Actual Costs** |
| Airport Parking | $0 |  | 0 | **$0** |

*I agree to submit required reports and necessary receipts to the USATF-SC Treasurer within 30 days of the end of the trip.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Pre-Travel** | **Date:** |  | **Signed**  **:** |  | **Total Estimate** |  |
| **Post-Travel** |  |  |  |  | **Actual Cost** |  |
| **Post-Travel** | **Date:** |  | **Signed:** |  | **Total To Be Reimbursed** |  |

\*To ensure timely reimbursement, submit this form with Cost Estimate before planned trips and Actual Costs with receipts after trips.

*SATF-SC November 2022*

USATF South Carolina — This is *YOUR USATF*