SHAW UNIVERSITY TITLE III/PROFESSIONAL DEVELOPMENT
SKILLS ADVANCEMENT SUPPORT (SAS) ESTIMATED EXPENSES

Name: _____ **Division/Department:** _____

Travel Mode: **Air** ☐ **Train** ☐ **Bus** ☐ **Car** ☐

From: _____ ***(City, State)*** **To:** _____ ***(City, State)***

Date of Departure: _____ **Date of Return:** _____

Time of Departure: _____ ☐AM ☐PM **Time of Return:** _____ ☐AM ☐PM

DESCRIPTION	SUN.	MON.	TUES.	WED.	THUR.	FRI.	SAT.	TOTAL EXPENSES
Travel Mileage/Gas Cost (If Driving)								$ 0.00
Travel Mode Cost (Air/Train/Bus)								$ 0.00
Ground Transportation Cost (Taxi, Shuttle, etc.)								$ 0.00
Per Diem Rate								$ 0.00
Hotel								$ 0.00
Registration								$ 0.00
Parking								$ 0.00
Baggage (if applicable)								$ 0.00
Miscellaneous (complete comment section)	0							$ 0.00
TOTALS	**$** $ 0.00 -	**$** $ 0.00 -	**$** $ 0.00 -	**$** $ 0.00 -	**$** $ 0.00 -	**$** $ 0.00 -	**$** $ 0.00 -	**$** $ 0.00 -

Comments: *(Explain all miscellaneous expenses below)*

Approvals: This form must be completed along with Travel Profile form for approval of all travel expenses. To be eligible for reimbursement, estimated costs must be listed above and original receipts submitted with final travel and expense report within 5-7 business days upon return to campus

Traveler's Signature: _____ **Date:** _____

Supervisor's Signature: _____ **Date:** _____