

FROM TRAVEL REIMBURSEMENT FORM

Name: _____

Dates of Travel: _____ Destination(s): _____

Departure Time: _____ Arrival Time: _____

Airfare : (Please provide a copy of your airfare itinerary)

Amount: \$ _____ Directly Billed? Yes _____ No _____

Taxi : (Receipts are only required if travel occurred between cities)

Date: _____ From: _____ To: _____ Amt: \$ _____

Date: _____ From: _____ To: _____ Amt: \$ _____

Date: _____ From: _____ To: _____ Amt: \$ _____

Date: _____ From: _____ To: _____ Amt: \$ _____

Date: _____ From: _____ To: _____ Amt: \$ _____

Rental Car: \$ _____ **Gas**: \$ _____

Other Transportation: Type: _____ Amount: \$ _____

Meals: \$41.00 x number of days (_____) = \$ _____

Receipts are not required

Per Diem rates: Breakfast- \$10 (leave Austin before 9am) or (arrive in Austin after 9am)
Lunch- \$13 (leave Austin before 11am) or (arrive in Austin after 11am)
Dinner- \$18 (leave Austin before 5pm) or (arrive in Austin after 5pm)

Lodging:

Nightly rate (_____) x number of nights (_____) = _____

(Texas State tax cannot be reimbursed) Tax: _____

Total: \$ _____

Registration Fee: \$ _____

Were any meals included in the registration fee? If yes, please specify (i.e. day and meal):

Airport Parking: \$ _____

Other Expense: _____

Additional Notes:

