

TAMU Chemistry Department/ TEES Travel Expense Worksheet

NAME: _____ **Title:** _____ **UIN:** _____

Departure Date _____ **Return Date** _____

Account # to be reimbursed from: _____

DESTINATION: (City and State), **PURPOSE OF TRAVEL, BENEFIT TO DEPARTMENT TAMU/TEES**

***Cities traveled to and from:** _____

*(for Texas travel, traveler must use MapQuest <http://www.mapquest.com>)

I was traveling alone accompanied by _____

Lodging accommodation by myself at single room rate shared room with _____

Date (enter dates)									Expense Total
Hotel (room rate only)*									
Transportation:									
Airfare (receipt required)									
Rental Car(receipt required)									
Gas(receipt required)									
Taxi, Shuttle, Bus etc... (no receipt required)									
Vehicle Mileage # @ .565/mile effective 1/1/13 *									
Meals: no receipt required unless meal is \$75.00 or more									
Breakfast									
Lunch									
Dinner									
Daily total									
Miscellaneous									
Parking (no receipt required)please itemize									
Tolls (no receipt required)									
Lodging taxes									
Registration(receipt required)									
Other									
Daily Total									

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Other: _____

*Hotel/Lodging Room receipt is required for expense reimbursement. Texas State Hotel/Motel tax and Texas State Occupancy tax cannot be reimbursed. Please present an exemption certificate to the Hotel personnel when checking into your room for all Texas lodging. Shared lodging expenses must be split between State employees sharing the room and claimed individually for reimbursement. (One person can't pay for the room and receive the full reimbursement.) When sharing a room with a non-state employee (e.g. spouse), that will not be sharing in the cost of the room, the room rate presented for reimbursement for State business must be the single room rate.

*Effective January 1, 2013 the new mileage rate will be .565 for all mileage expenses incurred on January 1, 2013 and after. For all mileage expenses incurred before January 1, 2013 use the previous rate of .555 to calculate the total amount for reimbursement.

Traveler will no longer receive an email notification requesting certification of expenses unless the forms or expenses submitted do not comply with State travel regulations.

"I certify that all expenses are business-related, true, correct and unpaid to the best of my knowledge."

Claimant's Signature: _____ Date: _____