

STUDENT TRAVEL REIMBURSEMENT FORM

GENERAL INFORMATION	
Student Name: _____	TR# _____
CID: _____	Email: _____
Purpose of Trip: _____	

ITINERARY (please submit agenda)	
Departure Date: _____	Departure Time: _____
Return Date: _____	Return Time: _____
Destination: _____	

ACTUAL EXPENSES		
Registration		Paid by: _____
Airfare		Paid by: _____
Mileage @ .545		# of miles: _____ at \$0.545 Google Maps (print & attach)
Meals (will automatically be calculated based on depart/return times)		
*Hotel		# of nights: _____ Rate: _____ Federal Rate Table
Hotel Tax		
Baggage Fees		
Taxi/Shuttle/Tolls		
Public Transportation		
Airport Parking		
Hotel Parking		
TOTAL	\$	

NOTES:																																					
<p>Lodging - State of Texas lodging rates vary from city to city. Refer to the Federal Rate Table lodging limit. If your city is not listed as a primary destination, the allowable limit reverts to \$93.00 per night. If conference rate for your hotel exceeds allowable rate, put the difference on the "Lodging Exceeding Allowable Limit" line item.</p> <p>Meals - automatically calculated based on times of departure and return, but to verify please place an "X" for the meals below you were responsible for. If your hotel provides continental breakfast, do NOT put an "X". Continental breakfast is non-reimbursable.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #d9ead3;"> <th style="width: 25%;">Date</th> <th style="width: 25%;">Breakfast</th> <th style="width: 25%;">Lunch</th> <th style="width: 25%;">Dinner</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td>TOTAL</td> <td> </td> <td> </td> <td>\$</td> </tr> </tbody> </table>		Date	Breakfast	Lunch	Dinner																													TOTAL			\$
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<p>IN-STATE (with overnight stay only):</p> <p>The meal per diem rate is \$51 per day, or the following amounts for partial days:</p> <p style="margin-left: 40px;">Breakfast* \$8.67 Lunch* \$16.83 Dinner* \$25.50</p>	<p>OUT-OF-STATE (with overnight stay only):</p> <p>The meal per diem rates and maximum lodging rates vary from state to state. Refer to the Federal Rate Tables for out-of-state meal per diem rates and lodging limits. Meal reimbursement for</p> <p style="margin-left: 40px;">Breakfast* 17% Lunch* 33% Dinner* 50%</p>																																				
<p>Attachments Needed:</p> <p>Google Map from SFA to destination (shortest route) Lodging receipt showing zero balance due</p> <p>Receipts for all expenses claimed except meals if claiming per diem.</p>																																					

Student Signature

Supporting Faculty Signature

Department Chair/Director Signature