CYCLOTRON INSTITUTE TRAVEL EXPENSE WORKSHEET

Traveler name: _____   **Today's date:** _____

Destination: _____

Departure date/time: _____ / _____   **Return date/time:** _____ / _____

Purpose of travel and benefit to TAMU and the State of Texas: _____

_____

_____

Please give only totals and attach all receipts to this form.

Airplane ticket(s)† $ _____   **Paid for by me:** ☐
                                                              or
Both ways: ☐   or   **One way:** ☐   **Charged to BTA Account #** _____

Hotel† $ _____   **Telephone calls† $** _____

Conference fees† $ _____

Rental car† $ _____   **Parking† $** _____

Gas† $ _____   **Taxis/limos/subways† $** _____

Personal car used $ _____   **based on** _____ **miles at $ 0.555 per mile**

(provide odometer readings: _____ / _____ , or an official calculator will be used)

Meals: *You must claim only actual expenses. There is a median amount based on locality as per the Travel Regulation Guide (http://fmo.tamu.edu/accounts-payable/travel), but this is not a per diem amount; claim only your actual food expenses.*

Date	Amount	Date	Amount	Date	Amount
_____	$ _____	_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____	_____	$ _____

Meals total $ _____

Other expenses† $ _____   for   _____

$ _____   for   _____

$ _____   for   _____

†Receipt required. If lost, please make a note of it next to the item.

TOTAL AMOUNT REQUESTED $ _____