

DEPARTMENT OF COMPUTER SCIENCE - UT AUSTIN

Travel Summary and Reimbursement Request

Name: _____ EID: _____

Personal Travel Dates
(if applicable)

Destination: _____

Dates of Travel: _____

		Date	Hour
Departed Headquarters	Austin, Texas		
Arrived			
Departed			
Arrived Headquarters	Austin, Texas		

Food: *Enter amount spent daily
*Max allowed meal expense is \$41 per day
(receipts not required)

Actual Food Expenses

Date _____ \$ _____

Date _____ \$ _____

Date _____ \$ _____

Date _____ \$ _____

Lodging:

- * Must have attached receipts reflecting payment and zero balances
- * If room was shared, please claim your portion only
- * Lodging within Texas is tax exempt - provide hotel with certificate
- * Texas State Tax reimbursable if certificate presented and not honored

FOR TRAVEL/ACCT. OFFICE USE ONLY

Hotel Name: _____

Hotel Name: _____

Date: _____ Room Rate: \$ _____
Tax \$ _____

Date: _____ Room Rate: \$ _____
Tax \$ _____

Room shared with: _____

Room shared with: _____

Hotel Name: _____

Hotel Name: _____

Date: _____ Room Rate: \$ _____
Tax \$ _____

Date: _____ Room Rate: \$ _____
Tax \$ _____

Room shared with: _____

Room shared with: _____

**Record of Travel
For Reimbursement of Expenses**

**** Must attach receipts unless otherwise indicated.**

Transportation: *Receipts for airfare must show your name, pmt. type, and charge paid. Itinerary alone not acceptable.

Airfare: \$ _____

Rental Car: \$ _____

Centrally charged – (Enter amount if known)
\$ _____

Centrally charged – (Enter amount if known)
\$ _____

Taxi: * Receipts required for City to City travel only (EX: LAX to Pasadena.)

Date: _____ From: _____ To: _____ Amount: \$ _____

Date: _____ From: _____ To: _____ Amount: \$ _____

Date: _____ From: _____ To: _____ Amount: \$ _____

Date: _____ From: _____ To: _____ Amount: \$ _____

Bus or Train: *Receipt requirements same as above.

(Circle one)

Date: _____ From: _____ To: _____ Amount: \$ _____

Date: _____ From: _____ To: _____ Amount: \$ _____

Date: _____ From: _____ To: _____ Amount: \$ _____

Personal Car Mileage: 54 cents per mile

* Note: You cannot claim mileage *AND* gasoline; You cannot claim mileage *AND* use direct-bill gas card.

* Enter place of departure and destination, administrator will calculate the mileage. Mileage log for inner city travel may be needed.

From: _____ To: _____ Miles: _____

From: _____ To: _____ Miles: _____

Parking Expenses:

Parking site: _____ Cost: \$ _____

Parking site: _____ Cost: \$ _____

Parking site: _____ Cost: \$ _____

Other Expenses:

Miscellaneous: (explain purpose)

Gasoline: \$ _____ (Rental Car Only) Other: \$ _____

Departure Tax: \$ _____ Other: \$ _____

Registration Fee(s): \$ _____ Other: \$ _____

VENDOR/PAYEE CERTIFICATION(required):

I certify that the attached invoice(s) are correct and that it corresponds in every particular with the supplies and/or services contracted for. I further certify that the account is true, correct and unpaid.

Name

Date