

CAMPUS CODE \_\_\_\_\_  
 ACCOUNT NUMBER \_\_\_\_\_  
 PROGRAM CODE (TTI only) \_\_\_\_\_

# TRAVEL EXPENSE REPORT

TRAVELER NAME		TRAVELER EMAIL		TRAVELER PHONE	TAMUS UIN	SSN (non TAMUS Employees)
DEPARTMENT NAME AND ADDRESS				HOME ADDRESS (STREET, APT #, CITY, STATE/COUNTRY, ZIP)		
DEPARTURE DATE	DEPARTURE TIME (AM/PM)	RETURN DATE	RETURN TIME (AM/PM)	DESTINATION (CITY, STATE/COUNTRY)		
VOUCHER PREPARED BY (IF NOT TRAVELER)		PREPARER EMAIL		PREPARER PHONE	PREPARER COMMENTS	
PURPOSE OF TRIP						
HOW DID THIS TRIP BENEFIT THE RESEARCH PROJECT						
GENERAL COMMENTS CONCERNING EXPENSES						

Personal Vehicle: \_\_\_\_\_ Miles @ \_\_\_\_\_ Mileage Rate = \_\_\_\_\_ Total (Mileage rate effective 1/1/2015 is \$0.575 per mile. Rate 1/1/2014-12/31/2014 was \$0.560 per mile.)

DATE	MEALS	LODGING EXPENSES	LODGING TAXES	TRANSPORTATION						OTHER EXPENSES	
				Airfare	Auto Rental	Bus, Shuttle, Taxi, Train	Parking	Gas	Tolls	Registration, Abstract Fees, Internet, Phone, Baggage Fees, etc. (specify expense below)	AMOUNT
<b>TOTALS</b>											

I certify that the travel related expenses have been incurred in the conduct of research or other sponsored activities and in accordance with the sponsor's provisions and guidelines and are properly chargeable to the account listed above.

➔ **Traveler, please indicate status:**  
 Employee of TAMUS    Student of TAMUS    U.S Citizen

➔ **Traveler, please indicate reimbursements sent to:**  
 Department    Home    Direct Deposit

Traveler Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Principal Investigator or Delegate Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>TOTAL FROM PAGE 2</b>	
<b>TOTAL EXPENSES</b>	
<b>LESS TRAVEL ADVANCE</b>	
<b>TOTAL DUE CLAIMANT*</b>	
<i>*If negative, make check payable to applicable System Member</i>	
Check # _____	

ACCOUNT DISTRIBUTION - SRS USE ONLY		
Description	Class	Amount
Mileage Reimbursement		
Car Rental		
Airfare, Taxi, Bus, Shuttle		
Lodging		
Lodging Tax		
Registration Fee		
Meals		
Parking		
Telephone/Internet		
Incidental - Gas, Tax, Etc.		

Travel Services Approval _____ Date _____	
Expense Code: _____	
Travel Policy: _____	
SRS    State of TX    Other	
G/L Number	
G/L Amount	
SRS Source #	



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