

CombinaTexas Conference, April 25-26, 2009
Instructions for Reimbursement

If you are supported or partially supported by the conference, please fill out the attached form entitled *Texas A&M Research Foundation Expense Account*, and leave the account number empty.

REIMBURSABLE TRAVEL EXPENSES.

The following expenses are eligible for reimbursement: ground transportation to and from home/airport/hotel; air or other transportation up to the discount round trip air amount, lodging for the night before and/or night of the scheduled meeting; reasonable meals for that time period. Please submit the original receipt for meals, and please ask for your own receipt if you dine out with a group of people.

LIMITATIONS ON TICKETS AND HOTEL.

Reimbursement will be made for the actual cost of an airline ticket, or ticket for another form of transportation, not exceeding discount economy class round trip fare from the major airport nearest the participant's home base in the United States or Canada. If driving, reimbursement will be at the AAA official mileage from home city to the meeting site and back at the current approved rate (55c/mile), to the extent that this amount does not exceed the cost of discount economy class round trip air fare for the same trip. Hotel and meal expenses will be covered for no more than the night before, and nights of, any meeting attended.

EXPENSES NOT COVERED.

Expenses not covered include: excess charges for airline tickets not purchased at least two weeks prior, excess baggage charges, ticket change charges if for personal reasons (except if plans are changed due to illness or emergency), flight insurance, first class tickets, laundry, health club fees, in-room movies, and alcoholic beverages.

ADDITIONAL DOCUMENTS.

If you are not a U.S. citizen or permanent resident, you will need to submit photocopies of your passport (information page and US visa page), Form I-94, and Form I-20 (for F-1 visa)/ DS-2019 (for J-1 visa).

ADDRESS

Please send your signed Travel Expense Form, original receipts, and the additional documents (if applicable) to the following address for reimbursement.

ATTN: Catherine Yan
Department of Mathematics
102 Milner Hall, TAMU MS 3368
College Station, TX 77843-3368

**TEXAS A&M RESEARCH FOUNDATION
EXPENSE ACCOUNT**

NAME OF CLAIMANT: _____ TO BE CHARGED TO ACCOUNT: _____
 TAMUS UNIVERSAL ID NUMBER (UIN): _____ NON TAMUS SSN: _____
 DEPARTMENT ADDRESS: _____
 HOME ADDRESS: _____ STREET APT# CITY STATE/ZIP CODE EMAIL ADDRESS: _____
 DATES OF TRAVEL: FROM (HOUR) _____ (DATE) _____ TO (HOUR) _____ (DATE) _____
 TRIP TO: CITY _____ STATE: _____ COUNTRY: _____
 PURPOSE: _____
 ACCOMPANIED BY: _____

TRANSPORTATION

AIRPLANE** (Passenger coupon must be attached) \$ _____ Check if Direct billed to RF
 PERSONAL AUTO: _____ MILES AT _____ / MILE \$ _____
 RENTAL VEHICLE** \$ _____
 TAXICAB, LIMO, BUS*** (Document to/from, date) \$ _____
 TRAIN** \$ _____
 OTHER TRANSPORTATION \$ _____

TOTAL TRANSPORTATION Do not include direct billed items \$ _____

PER DIEM (Lodging plus Meals and Expenses)

_____ Days at \$ _____ per day \$ _____
 _____ Days at \$ _____ per day \$ _____
 _____ Days at \$ _____ per day \$ _____
TOTAL PER DIEM \$ _____

SUBSISTENCE Justification should be provided if lodging exceeds \$175 per night
LODGING**

_____ Days at \$ _____ per day \$ _____
 _____ Days at \$ _____ per day \$ _____
 _____ Days at \$ _____ per day \$ _____
TOTAL LODGING Original itemized receipts required. Balance on statement must have \$0 balance. \$ _____

MEALS

Number _____ meals
TOTAL MEALS \$ _____

*IRS regulations state that meals claimed for non-overnight trips and meals claimed above daily allowance, without receipts must be reported as taxable income.

**Receipt required

***Receipt required when \$75 or over

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.

COMMUNICATIONS (Telephone) \$ _____

Receipts and documentation (person called and number) required when over \$75 and must be business related

MISCELLANEOUS EXPENSES***

Item	Amount

TOTAL MISCELLANEOUS \$ _____
TOTAL EXPENSE ACCOUNT \$ _____
LESS RF ADVANCE \$ _____
TOTAL DUE CLAIMANT \$ _____
 or
TOTAL DUE RESEARCH FOUNDATION \$ _____

Check No. _____ Amount \$ _____

Comments:

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 Signature _____ U.S. Citizen or Resident Alien
 Non U.S. Resident

Principal Investigator Signature _____
 (May not be signed by traveler unless traveler is the PI.)

Date _____ Phone Number _____

Date _____ Phone Number _____

INTERNAL USE ONLY

Texas A&M Research Foundation _____ Date _____

Reviewed by Travel _____ Date _____

RF Travel Policy
 Other

G/L Account	Class	Amount

TAMRF Source Number _____