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 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: ________________________________________________________________
HOMEBASE: ________________________________________ STREET _______________________________________ APT# _______
CITY ________________________________________ STATE/ZIP CODE ___________ EMAIL ADDRESS: ____________________________
DATES OF TRAVEL: FROM (DATE) _______ (DATE) _______ TO (DATE) _______ (DATE) _______
TRIP TO: CITY ____________________________ STATE: ___________ COUNTRY: ___________
PURPOSE: ________________________________________________________________
ACCOMPANIED BY: ______________________________________________________________

TRANSPORTATION

Check if Direct

COMMUNICATIONS (Telephone) $ ______________

AIRPLANE** (Passenger coupon must be attached) $ ______________

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)

Check No. _______ Amount $ ______________

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 $ ______________

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.

Traveler Signature ____________________________

U.S. Citizen or Resident Alien

Non U.S. Resident

Date _______ Phone Number ______________

Principal Investigator Signature ____________________________

(May not be signed by traveler unless traveler is the PI.)

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 ______________

TAMRF Travel Policy Updated 10/8