## T.I.S.D.'s

## **TRAVEL EXPENSE VOUCHER**

\*\* (Please print on bright yellow paper) \*\*

	Vendor #:			
		Purc	:hase Order #:	
NAME:	CAMPUS:			
EMPLOYEE'S MAILING ADDRESS (where to mail check):				
	(departure time: / time of event: (return time: / end time of event:			
DESCRIPTION & LOCATION OF TRIP:				
or ESC Workshop# (	))			
DEPARTMENT(S) RESPONSIBLE FOR PAYMENT:				
BUDGET CODE(s): REGISTRATION CODE #:  TRAVEL EXPENSE CODE #:  CODE #:  **PUEASS DO NOT MUSITE MOTES ARO		FINAL A	MOUNT TO BE PAII	):  ):
*PLEASE <u>DO NOT</u> WRITE NOTES ARO  TRAVEL EXPENSES  *(Receipts are required <u>except</u> for Overnight meals <u>not</u> being paid with		паке пос	FIN. REIMBUR TO EMP	SEMENT
REGISTRATION: *( Write your campus 'P.O.# or if it was Pd by VISA here:	)			
PERSONAL CAR: Roundtrip miles x x			( miles X .	¢ =)
<b>LODGING:</b> Please use Tx Travel Guide at:: <a href="http://www.gsa.gov/portal/category/100">http://www.gsa.gov/portal/category/100</a> city is NOT listed THEN Max. \$85.00 per night for in-State lodging plus taxes ( <b>EXCL</b> take a "Tax Exempted Form" because you can <u>NOT</u> be reimbursed for State Tax!!)	EPT for State Tax) so make sure			
OVERNIGHT MEALS ONLY: (# MEALS X \$12.00 max.=)  *(No receipts required unless being reimbursed out of Federal Budget Funds. All Femeal reimbursement – max 3 meals per day)	ederal Budgets require receipts fo	or	(# of m	eals x \$12.00 =)
Parking:				
CAR RENTAL OR TAXI:				
AIRFARE: (*Must have Business Manager's Approval 1st)				
OTHER EXPENSES:				
TOTAL: *(PLEASE make sure that this total matches the budge	et code totals above.)			
(* Reminder: Stipends can <u>NOT</u> be paid from a "Travel Expense Voucher." The	y must be paid on a Supp. Pay	Stipend Fo	rm or an approved writte	n request for stipend.)
* (ALL OUT-OF-STATE TRAVEL MUS				2201/4/
I certify that I have attended the above workshop/training/conference and that the expenses shown above are true, correct, and unpaid.	(STEP 1) <b>PRINCIP</b> PRINCIPAL/SUPERVISOR SIGNAT		PERVISOR AP	DATE
(STEP 2) EMPLOYEE SIGNATURE:	T KINON ALJOON EKVIOOK GIGHAT	OKE		DAIL
***AFTER TRAVEL IS COMPLETE***				
	FEDERAL PROGRAM DIRECTOR'S (STEP 3) FINAL AP			DATE URSEMENT:
EMPLOYEE'S SIGNATURE DATE	BUSINESS MANAGER'S SIGNATU	JRE		
	DATE APPROVED FOR PAYMENT:	:		

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## APPENDIX

DATE(S)	IMPORTANT NOTES OR COMMENTS

## **MULTIPLE MILEAGE TRIPS REIMBURSEMENT REQUEST**

\*This form is to be used for TISD business related trips such as in-town mileage trips, scouting trips, supply pickup trips, etc... (use of personal vehicles only).

DATE(S)	DESIGNATION	MILE
TOTAL MILEACE	<b>: X</b> ¢ (per Tx Mileage Guide) = <b>\$</b> _	<u>'</u>