

CIBS Office Use:
 Commit #: _____
 Account #: _____
 Total Amount: _____

Center for International Business Studies
TRAVEL REIMBURSEMENT FORM
 Revised: August 2009

Maximum Per Diem Allowance
 Lodging: _____
 Meals: _____

- DIRECTIONS:**
- Travel Reimbursement Form:** Complete each section.
 - Receipts:**
 - Sorts your receipts into categories. (I.e. Meal Receipts, Lodging Receipts, Taxi Receipts, etc.) in “date” order.
 - Tape the receipts to a piece(s) of paper(s) according to the categories.
 - If you are providing the exchange rate for reimbursement calculations, please attach a currency or exchange receipt or a copy of a credit card statement. Documentation is required, or we will use the online calculation method at: www.oanda.com/converter/cassic to calculate your reimbursement.
 - TAMU Foreign Travel Approval Form:** Prepare and submit the TAMU Foreign Travel Approval Form **PRIOR** to travel departure and include the approved original or copy with your expenditures.
 - Federal Foreign Travel Approval Form:** If any part of your travel will be reimbursed from CIBS funds (federal grants), contact Claudia Orum at least **45 days PRIOR** to your travel. Claudia will submit your foreign travel information for Federal Approval **ONLY**.
 - Copy of Paper/Presentation:** CIBS will need a copy of your paper or presentation presented before reimbursement of expenditures.
 - Expenses must be submitted to CIBS within **30 days** of the end of the travel period.
 - If your department funded a portion of this trip, submit **ALL** your receipts to CIBS.

SECTION I

Date Submitted to CIBS: _____

Name: _____
 Title: _____
 Discipline: _____
 UIN: _____

Office Phone #: _____
 Office Email: _____
 Office Address: _____

Travel Participant Type: (Select one)

ADMINISTRATOR FACULTY STAFF ADJUNCT FACULTY TAMU VISITOR

STUDENT-UNDERGRAD STUDENT-MASTERS STUDENT-DOCTORAL

Other Funding Sources for this Trip: (Select one) YES NO

If YES, please complete the box below, and SUBMIT ALL your travel expenses to CIBS along with this form. CIBS will work with the departments below and process all travel vouchers that CIBS funds or partially funds.

Dept.		Acct. #		Amount	
Dept.		Acct. #		Amount	
Dept.		Acct. #		Amount	

Did you receive a TAMU Travel Advance from your department: (Select one) YES NO

SECTION II

Travel Type: (Select one)

FOREIGN

DOMESTIC

Date of Departure: _____	Time of Departure: _____
Date of Return: _____	Time of Return: _____
Travel Dates:	<input type="text"/>
Location/Destination: (City, state, country)	<input type="text"/>

Travel Purpose: (Select one)

- *CONFERENCE/WORKSHOP FACULTY DEVELOPMENT LINKAGES
DOCTORAL DEV RESEARCH *SEMINAR STUDY TEACHING/COURSE DEV
TRADE MISSION OTHER: _____

*Indicate Name of Conference/Workshop/Seminar attended _____
*Indicate Dates of Conference/Workshop/Seminar _____

**General
Description
of Trip:**

SECTION III Travel / Expenditures

1. Transportation:

a. **Airfare:** Paid by Department _____
(Check payment method) Paid by Personal Credit Card _____

IMPORTANT AIRFARE NOTES TO REMEMBER:

1. Airfare receipts **must** be ORIGINAL receipts. If using E-Tickets, you must submit your "CONFIRMATION" email or Confirmation Page showing payment for reimbursement.
2. If your airfare is being reimbursed by a Federal Grant account, you must book your overseas airfare with a U.S. Carrier. (Fly America Act) (Contact CLAUDIA ORUM if you have any questions BEFORE your trip.)
3. Remember, "State contracted rates" may save you money!

b. Rental Car: Use “state contract rates” on rental cars if available.

Rental Expense \$ _____ (Attach Receipts)
 Gasoline Expense \$ _____ (Attach Receipts)

c. Personal Vehicle:

In-state personal miles are configured using the TAMU applicable personal mileage guidelines. Please include mileage details under Daily Activity Summary. Personal mileage will be reimbursed at the rate approved by the CIBS Executive Director UP TO THE Federal Mileage Rate.

Location _____ to _____ = _____ / miles

d. Taxi Fares: Receipts are recommended / preferred

Date	From (Location)	To (Location)	Cost	Indicate: Receipt Attached

e. Bus/Train Fares: Receipts are REQUIRED.

Date	From (Location)	To (Location)	Cost	Indicate: Receipt Attached

2. **Meals:** (complete the following)

<i>Date</i>	<i>Amount*</i>	<i>Indicate if receipts are attached**</i>

**All meal reimbursements are “actual” meals up to the per diem daily maximum allowable.*

***Any “one” meal totaling \$75.00 USD or more requires a receipt!*

****NOTE: TAMU Research & Development Foundation requires “meal” receipts for reimbursement.*

3. **Lodging:** (Paid Receipts REQUIRED)

<i>Date</i>	<i>Room Charge</i>	<i>Room Taxes</i>	<i>Name of Hotel</i>

Note: State and/or Federal Lodging maximum per diem amounts apply.

4. **Other Expenses:**

a. Parking: \$ _____ Dates of Parking _____

b. Business Phone Charges: (please complete the following)

<i>Date</i>	<i>Person called</i>	<i>TAMU Business Purpose</i>	<i>\$</i>

c. Registration Fee: \$ _____
Note: Receipt required for registration reimbursement.

d. Visa Fee: \$ _____ (attached receipt)

e. Other Expenses: (attach receipts)

	\$ _____
	\$ _____
	\$ _____
	\$ _____

This form has been created to assist you with keeping track of your travel expenses, and also provides CIBS with the information we need to expedite your travel reimbursement. However, it is very important that you complete this form as accurately as possible, as the information you provide also helps us to complete the Federal reports required for our CIBER founding.

5. Record of Duties: (Select the appropriate option & complete daily activity information)

Indicate who or what groups you met with, what conference you attended and how this benefits TAMU. Do not use acronyms. Also, please note any personal days during business travel, if any, for which no expenses are being claimed.

DATE	Departed College Station via:	Personal Auto	Airline	Rental Car
	Traveled to: _____			
	Departed College Station via:	Personal Auto	Airline	Rental Car
	Traveled to: _____			
	Activity:			
	Activity:			
	Activity:			

Continue on next page

