The University of Texas at Austin

Department of Geological Sciences

TRAVEL EXPENSE CLAIM WORKSHEET

| NAME: UTEID: | | | | STATUS: (Student, GRA, Faculty, Staff, Other) DESTINATION: | | | | | |
|--|--|----------------------------------|-----------------------------------|---|--------------------------------------|--|-------------------|--------------------|-----------|
| DATE SUBMITTED: | | | | RTA # (See UT travel confirmation for approval ref #) | | | | | |
| | | | TIME | AM/PM | | MEALS/LODGING (DAILY Itemized) - Attach receipts for lodging. Include only your own expenses. Prepare a separate claim for additional guests on UT business, if any.* Maximum meal per-diem: \$51/day. | | | |
| Return | | | | | | DATE | MEALS | HOTEL (c) | HOTEL TAX |
| | | | | | | | | | |
| TRANSPOR | | ttach receipts | | | | | | | |
| TYPE | DATE | FROM | ТО | AMOUNT | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | TRANSPO | | | | | | | |
| (a) Do not in | | | DRTATION TOTAL | | | | | | |
| Do not II | nciude amou | nts directly billed | d to UT (booked t | nru Anthony Tra | avei) | | | | |
| DEDSONAL | CARMILEAG | SE ^{(b) -} Rate: \$0.65 | E nor milo | 1 | | | | | |
| DATE | FROM | TO | MILEAGE | 1 | | | | | |
| DAIL | TROW | 10 | WILLAGE | | | | | | |
| | | | | | | Subtotals | | | |
| | | | | 1 | | | MEALS A | ND HOTEL TOTAL | |
| | | | | _ | | (c) Please put nightly rate only - do not include hotel taxes. | | | |
| | | Total Miles | | _ | | They are enter | • | | |
| | - | CAR TOTAL | | | | | | | |
| (b) There is a state set mileage between cities. Alternatively, please | | | | _ | | OTHER EXPENSES: Attach receipts | | | AMOUNT |
| attach a print out with the miles search from google or another s | | | | search engine. | | Gasoline (Omit if miles are requested) | | | |
| * Individual F | ed for multiple gues | sts | | | Internet Charges (State/UT business) | | | | |
| | | | | | | Parking Fees | | | |
| ^(d) Comme | | | Phone Charges (State/UT business) | | | | | | |
| | | | | | Registration Fees | | | | |
| | | | | | | Airport baggage fees (justification required in the comments section) | | | |
| | | | | | | Miscellaneous (i | nclude detail be | low) | |
| | | | | | | | | | |
| | | our travel reimburs | | | | | | | |
| | enshots in black and low the order of the | | | | OTHER TOTAL | | | | |
| | nem to the wor | _ | | | | | | | |
| | | | | | | | TOTAL REIMB | URSEMENT REQUESTED | |
| TRAVEL OL | | | | | | Initials: | RTA Amount | | |
| Conversion | 1 USD = | | | | | | Surplus/(Overage) | | |

By submitting this claim form, you declare that the expenses listed are true and correct UT Business expenses and that you have not received funding for any expenses claimed from any other funding source. This includes external or UT grants or fellowships, offers of cost reimbursement from other entities, and meal functions that were no-cost to you (if claiming per-diem).