



TEXAS A&M INTERNATIONAL UNIVERSITY

A Member of The Texas A&M University System

UNIVERSITY EMPLOYEE TRAVEL REQUEST

Name: _____
 Date: _____ Reimbursement Acct # _____
 Social Security # (last 4 only) _____ Amount Approved for this Travel \$ _____
 Date of Departure: _____ Alternative Acct # _____
 Date of Return: _____ Amount Approved for this Travel \$ _____
 Destination: _____
 Purpose: _____

Faculty Only: I will miss the following classes and have arranged for them as indicated.

CLASS	SECTION	HOUR	DATES	CLASS MEETING ARRANGEMENT
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I will be part of a University group attending the same event: YES OR NO

NOTE: Justification of each traveler is required when more than one individual is traveling on the same dates with the same itinerary to conduct the same official state business. Justification is required on each traveler's University Employee Travel Request form and on the State of Texas Travel Voucher form. Example of justification required: Co-presenter at conference.

Justification of traveler: _____

I will coordinate travel: YES OR NO

NOTE: Coordination of Travel is required for each group of four employees and for any fraction in excess of a multiple of four employees.

I understand that only factors relating to official state business will be considered for the infeasibility of coordination of travel for the reimbursement of transportation expenses. **(If needed, attach Justification for Mileage Reimbursement for Inability to Coordinate Travel form.)**

Estimated Travel Expenses:
 University or Private vehicle Total miles _____ x _____/mile \$ _____
 Rental Vehicle (State Contracted Rates Only) _____
 Airfare (Corporate or CBA) _____
 Meals (Not to exceed State Maximums) Total #of days _____ @ _____/day _____
 Lodging (State Contracted Rates Only) Total # of days _____ @ _____/day _____
 Registration fees: _____
 Incidental Expenses: Hotel Taxes _____ Fuel for Rental of Vehicle _____
 Other (List) _____
 Total Estimated Travel Expenses: \$ _____

I (am, am not) requesting reimbursement for this trip: Traveler's Signature _____

Acct. Manager's Signature: _____ Supervisor's, Chair's or Dean's Signature _____
(If different than Account Manager)