



TEXAS TECH UNIVERSITY

Department of Agricultural
Education and Communications

Travel Reimbursement Form

Name: _____

Depart Date: _____ Time: _____

Return Date: _____ Time: _____

Vacation Days: _____

Origination City/State: _____

Destination City/State: _____

Comments: _____

| | Breakfast | Lunch | Dinner | Per Diem Totals |
|-----------|-----------|-------|--------|-----------------|
| Sunday | | | | |
| Monday | | | | |
| Tuesday | | | | |
| Wednesday | | | | |
| Thursday | | | | |
| Friday | | | | |
| Saturday | | | | |

Please mark an **X** for meals that were comped/provided by conference or someone else provided your meal.

| | Receipts Amounts \$ | Receipts Check-off |
|-----------------------------|---------------------|--------------------|
| Airfare | | |
| Airport Parking | | |
| Hotel | | |
| Meals | | |
| Personal Mileage | | |
| Taxi | | |
| Conference Registration Fee | | |
| Luggage Fee | | |
| Rental Car | | |
| Gas | | |
| Other- | | |

Please print and submit with receipts.