

Traveler _____

TR _____

Employee Meal Reimbursement

Time/Amount	Dates						
12:00 AM - 10:59 AM \$11							
11:00 AM - 5:59 PM \$16							
6:00 PM - 11:59 PM \$28							
Totals							

Enter ACTUAL amount spent. Please reduce by meals covered by conference/meeting sponsor, if any.

of employees _____ x \$ _____ = \$ _____

To be completed AFTER trip for Employee Travel only.
 My signature below certifies that the actual costs listed above are true and correct.
 If the conference/meeting sponsor provided a meal, then I have reduced my reimbursement for that meal.

 Employee Signature

 Date

Student Meal Money

Time/Amount	Dates						
12:00 AM - 10:59 AM \$8							
11:00 AM - 5:59 PM \$8							
6:00 PM - 11:59 PM \$9							
Totals							

of students _____ x \$ _____ = \$ _____

Note: All meal money is based upon actual departure/arrival dates and times.

Hotel Information

Room Rate \$ _____ x _____ % Tax Rate x _____ # of Rooms x _____ # of Nights = \$ _____

Note: We are exempt from Texas State Tax. Travelers must provide the hotel with a hotel occupancy tax exemption form.