

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.**