



# Professional Trip Reimbursement Form

Travel Dates
From:
To:

Please reference all PO #'s used for this trip:

\_\_\_\_\_

Name:	Title:
Employee ID:	Destination:
Department:	Event:
Request Date:	Budget Code:

**\*\*\*Only 75% of the daily per diem will be covered for the 1st day and last day of travel. This equals \$41.25. Regular per diem is \$55.**

<i>For Office Use Only</i>
Check #
Batch Date:

DATE	Lodging	Conference Registration	Parking & Transport	Breakfast (\$13 allowance)	Lunch (\$16 Allowance)	Dinner (\$26 allowance)	MISC.	TOTAL

**Note: Current Annual Mileage Rate for 2023 is .655 per mile.**

Total Miles for Reimbursement \_\_\_\_\_ X Annual Mileage Rate \_\_\_\_\_ = \_\_\_\_\_

Non Exempt Taxes- Texas City & County/ Out of State Only	
GRAND Total Reimbursement	

**\*\*ALL ORIGINAL ITEMIZED RECEIPTS MUST BE ATTACHED\*\***

**\*\*Meal tips are allowed only with local funds. The tip and meal expense total must fall within the per diem allowance.**

**\*\* Tips are not allowed with Federal funds.**

**\*\* Refer to the Professional Travel Reimbursement Checklist for required documentation.**

\_\_\_\_\_  
Payee Signature Date

\_\_\_\_\_  
Director/ Principal Date