

# TRAVEL AGENDA & WORKSHEET

For office use only:  
 Leave Authorization ID: \_\_\_\_\_  
 Expense Report Key: \_\_\_\_\_  
 GSA Rate: L \$ \_\_\_\_\_ M \$ \_\_\_\_\_

Agenda: ☐ Attached ☐ Use this worksheet as agenda  
if meeting agenda is available, please attach

|                                                                                                                                                                    |                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| <b>Name of Traveler:</b>                                                                                                                                           | <b>Contact Phone #</b>  |
| <b>*Guest Traveler Name:</b>                                                                                                                                       | <b>Trip Start Date:</b> |
| <b>Destination:</b>                                                                                                                                                | <b>Trip End Date:</b>   |
| If this trip includes PERSONAL TIME (vacation, sick leave, etc.), provide dates of personal time:<br>Personal time start date: _____ Personal time end date: _____ |                         |

\*If guest traveler will be reimbursed for any expenses, please check-in with your travel specialist to process a Substitute W-9, if needed.

Lodging total: \$ \_\_\_\_\_ ☐ Hotel ☐ Airbnb ☐ Provided (no expense)  
☐ OneCard ☐ Traveler Paid ☐ Other Employee's Card Who's \_\_\_\_\_

\*Provide any clarification for lodging expense: \_\_\_\_\_

| Daily expense (meals/supplies) |           |                          |                          |                          |                          |
|--------------------------------|-----------|--------------------------|--------------------------|--------------------------|--------------------------|
| Date                           | Amount \$ | OneCard                  | Traveler Paid            | Meals**                  | Supplies                 |
|                                |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

\*\*if tips are included but not allowed by grant please make sure to add an alternate account (local funds) on page 2

**Meal Costs in addition to Traveler** – List Names, Affiliations, and relationship to Traveler (student, potential donor, employee, spouse, etc.)

| Name  | Affiliation & Relationship | K# if student |
|-------|----------------------------|---------------|
| _____ | _____                      | _____         |
| _____ | _____                      | _____         |
| _____ | _____                      | _____         |

| Please select all applicable categories: |           |                          |                          |                           |            |
|------------------------------------------|-----------|--------------------------|--------------------------|---------------------------|------------|
| Other Costs                              | Amount \$ | OneCard                  | Traveler Paid            | Paid for another Traveler | Who (Name) |
| Registration Fee                         |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |            |
| Airfare/agent fees                       |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |            |
| Baggage Fees                             |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |            |
| Rental Car                               |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |            |
| Taxi/Uber                                |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |            |
| Fuel                                     |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |            |
| Parking                                  |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |            |
| Toll Fees                                |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |            |
| Other*                                   |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |            |

\*Describe "other" costs here: \_\_\_\_\_

**Method of Transportation:** Department Vehicle ☐ Private Vehicle\* ☐ Emburse Mileage Calculation utilized ☐

\*If Private vehicle used, please choose one of the following:

☐ Odometer Reading: \_\_\_\_\_ Miles Claimed \_\_\_\_\_

*(Attach separate sheet to include odometer reading statement - Per university policy "point-to-point/address-to-address mileage breakdown must be provided as documentation". Your start point must be the address of your "regular place of work" TAMUK, unless justified. Be aware that only the most cost-effective method will be reimbursed or justification is required.*

**PURPOSE OF TRIP:** (meeting or conference attended, how does this trip relate to job duties, etc.- be specific)

**ACCOMPANIED BY** (list names of individuals if more than one employee attended the same event). If so, explain benefit to the state.

**ANY ADDITIONAL INFORMATION** that clarifies the WHO, WHAT, WHEN, WHERE and WHY!

**Account Numbers(s) to be charged:** (if using multiple accounts, you must provide percentage to be charged for each receipt – preferably written on receipt)

Account Holder Signature    Date

Account #: \_\_\_\_\_ % or amount \$ \_\_\_\_\_

Account #: \_\_\_\_\_ % or amount \$ \_\_\_\_\_

Account #: \_\_\_\_\_ % or amount \$ \_\_\_\_\_

Account #: \_\_\_\_\_ % or amount \$ \_\_\_\_\_

Alternate Account #: (overages, tips, other) \_\_\_\_\_

Signature: \_\_\_\_\_  
(Traveler)

Report Total \$: \_\_\_\_\_

P.I. Signature: \_\_\_\_\_  
(Required for all graduate student submissions)

Date \_\_\_\_\_

**REMEMBER:** ITEMIZED RECEIPTS MUST BE ATTACHED TO THIS FORM or UPLOADED INTO EMBURSE.

All travel and related purchases must be in fulfillment of project scope of work.

Purchase of alcoholic beverages is not allowed. Supply purchases are tax exempt (don't forget your tax exemption form).

Tip allowance max 20%-grant must allow or tip will be marked as unallowable unless an alternate account is specified.

**90-day rule:** Business travel expenses covered by a personal card will not be reimbursable if expense report submission is over 90 days from end date of travel. Business travel expenses paid through OneCard must also have an expense report submitted prior to the 90<sup>th</sup> day or expenses may be taxed (as part of payroll).

Your travel specialist: Edna Kirkpatrick contact @ phone 361-593-3556 or [edna.kirkpatrick@tamuk.edu](mailto:edna.kirkpatrick@tamuk.edu) (preferred)