



STATEMENT OF TRAVEL EXPENSE

Requestor _____	Department ID: _____
Destination _____	Fund: _____
Travel Date(s) _____	Account: _____

Expense Type	Paid by Employee or Pay to Employee	Paid on Lee MasterCard
Personal Car: Miles* (No. of miles) _____	_____	Not applicable _____
Public Transportation _____	_____	_____
Accommodations _____	_____	_____
Total of Other Expenses _____	_____	_____
Meal Per Diems		
— First Day** _____	_____	Not applicable _____
— Subsequent Days*** _____	_____	Not applicable _____
TOTALS _____	_____	_____

*At IRS rate of \$0.655/mile. Note: IAH = 72.63 mi.; Hobby=48.63 mi.; Huntsville = 186 mi.

**In Texas, use \$29.50 for first day; for other states, use half the per diem rate.

***Texas breakfast \$14, lunch \$16, dinner \$29. **Deduct meals served at conferences.**

Out-of-state rate varies. See this link for out-of-state breakfast, lunch, and dinner only:

http://www.gsa.gov/Portal/gsa/ep/contentView.do?contentType=GSA_BASIC&contentId=17943

*Receipts required for cash reimbursement and credit card charges (excluding meal per diems).
Reported mileage must be accompanied by a route print-out (e.g., Google Maps, MapQuest, etc.)*

Advance Received _____ Check # _____ Date _____

Amount Due Requestor _____

Amount Returned _____ Receipt # _____ Date _____

Signatures

Requestor	Date	V.P./Associate V.P.	Date
Department Chair	Date	Purchasing	Date