

TRAVEL VOUCHER / FORM

1. Archive reference number	2. Agency number 535	3. Agency Name TX Low Level Radioactive Waste Disposal Compact Comm.			4. Current document number	
5. Effective date (Agency use)		6. Doc date (First date of travel)		7. DOC agency 535	8. FY	9. Document amount
10. Pay to:					11. Title Commissioner	
					12. Designated headquarters	
13. Texas identification number			14. I am an "appointed officer" and certify that all documentation required to be filed with the Texas Ethics Commission has been filed. sign here			

15. SFX	APPN	TC	FUND	PCA	AY	COBJ	AMOUNT
001		225					
INVOICE NUMBER		PMT DUE DATE		AGENCY USE			
APPN	TC	FUND	PCA	AY	COBJ	AMOUNT	
002		225					

15. SFX	APPN	TC	FUND	PCA	AY	COBJ	AMOUNT
003		225					
INVOICE NUMBER		PMT DUE DATE		AGENCY USE			
APPN	TC	FUND	PCA	AY	COBJ	AMOUNT	
004		225					

15. SFX	APPN	TC	FUND	PCA	AY	COBJ	AMOUNT
005		225					
INVOICE NUMBER		PMT DUE DATE		AGENCY USE			
APPN	TC	FUND	PCA	AY	COBJ	AMOUNT	
006		225					

16. Service date (Last date of travel)	17. Description (Agency use only)
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18. DISTRIBUTION							AMOUNT
Expense itemization for in-state travel:							
Fares, Public transportation	Taxi		Air Fare		Rental Car		
Personal car mileage		Miles @ (Rate set by Legislature)		0.535			
Meals and / or lodging (Automatically completes from detail on next page.)							
Parking							
Incidental expenses (itemize)							
Expense itemization for out-of-state travel:							
Fares, Public transportation	Taxi		Air Fare		Rental Car		
Personal car mileage		Miles @ (Rate set by Legislature)		0.535			
Meals and / or lodging							
Parking							
Incidental expenses (Itemize)							
TOTAL							

19. I certify that the expense account shown above is true, correct, and unpaid.

Claimant sign here	Date	Supervisor sign here	Date
20. Contact name		Phone (Area code and number)	21. Agency use
Agency sign here	Title		Date
22. Approval			

TLLRWDCC

Travel Expense Worksheet - Commissioner

Name _____ Dates of Travel _____

Purpose of Travel _____ Trip Starting Time _____ Ending Time _____
(Required) (Required)

	Receipt Required	SUNDAY (DATE)	MONDAY (DATE)	TUESDAY (DATE)	WEDNESDAY (DATE)	THURS. (DATE)	FRIDAY (DATE)	SATURDAY (DATE)	TOTAL
AIRFARE	YES								
RENTAL CAR	YES								
MASS TRANSIT OR TAXI	NO								
MILEAGE IN DOLLARS (53.5¢ per mile)	N/A								
BREAKFAST	NO								
LUNCH	NO								
DINNER	NO								
LODGING	YES								
HOTEL/MOTEL TAX	YES								
PARKING	NO								
OTHER (Itemize and explain)	YES								
TOTAL TRAVEL EXPENSES									

I certify that all expenses shown were incurred on behalf of the TLLRWDCC and that I have not been reimbursed for any of the above expenses.

Signature _____

Date _____

Daytime Phone Number _____

Note: Please include a signed travel voucher and a brief narrative when submitting this worksheet for reimbursement.

Summary of Mileage in Miles

DATE	FROM	TO	MILES	TOTAL MILES

TRAVEL REIMBURSEMENT REFERENCE WORKSHEET

☺ **Accounting Department:** Diane Fulmer 512-388-0582 Fax number 512-244-1469

Airfare: The cost of airfare is reimbursable. The reimbursement may not exceed the cost of the lowest available airfare between the designated headquarters and duty point. Airfare receipts are required.

Rental Car: The cost of renting a car is reimbursable, excluding charges for liability insurance supplements, personal accident insurance, safe trip insurance and personal effects insurance. Rental car receipts are required. Below are the contact numbers for the state contracted vendors that provide rental car services. Contracted vendors should be utilized when feasible.

☎ **Enterprise Rent-a-Car:** 1-866-398-5080 for customer service.

☎ **Avis Rent-a-Car:** 1-800-331-1212 for customer service.

Mass Transit or Taxi: Submit an itemized list showing each destination and amount. (Receipt is fine)

Parking: Identify the location and the daily rate, e.g., Austin airport, \$6.00. (Receipt is fine)

Taxes: Hotel room tax is reimbursable. Car rental tax is reimbursable. Parking tax is reimbursable.

Meals and Lodging: Actual expense for meals and lodging is reimbursable. Meals and lodging expenses incurred while traveling within your own designated headquarters are not reimbursable. Lodging and Meal receipts are required. When feasible, contracted hotels should be utilized. A list of contacted hotels can be accessed at https://portal.cpa.state.tx.us/hotel/hotel_directory/map.cfm?fy=2017.

Mileage: Reimbursement rate is currently \$0.535 per mile. The mileage reimbursement rate is inclusive of all expenses associated with the use of your personal vehicle, including gas. Mileage may be calculated be either using your vehicles odometer readings and itemizing on a point to point basis, or by using the designated online mapping service Google Maps.

Reimbursable mileage costs include:

- ❖ Place of employment/Residence to duty point
- ❖ Residence/Place of employment to airport and return
- ❖ Hotel to duty point and return
- ❖ Hotel to restaurant and return
- ❖ Duty point to Place of employment/Residence

Non-reimbursable expenses: The items listed below are non reimbursable expenses. If you have a question about whether an expense is reimbursable or not, please contact the accounting department.

✘ Tips/Gratuity ✘ Alcoholic Beverages ✘ Cancellation Charges* ✘ Kennel/Boarding Expense ✘ Dry Cleaning Expense

*Cancellation charges related to a personal emergency/illness or board business are reimbursable.