**SPEAKER REIMBURSEMENT FORM FOR TRAVEL EXPENSES**

**TODAY’S DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATES OF CONFERENCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF SYMPOSIUM ORGANIZER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SYMPOSIUM ORGANIZER’S EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INFORMATION ABOUT THE SPEAKER**

|  |  |  |
| --- | --- | --- |
| **FIRST NAME** | **MI** | **LAST NAME** |
|  |  |  |

|  |
| --- |
| **ADDRESS TO WHICH CHECK SHOULD BE MAILED** |
|  |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| **CONTACT TELEPHONE NUMBER** |  |
| **EMAIL ADDRESS** |  |

**AMOUNT REQUESTED FOR REIMBURSEMENT**

***Please attach receipts of any reimbursement amount requested***

|  |  |
| --- | --- |
| **EXPENSE BREAKDOWN** | **TOTAL** |
| Air Fare |  |
| Mileage |  |
| Meeting Registration |  |
| Hotel |  |
| Ground Transportation |  |
| Meals |  |
| Other |  |
| **TOTAL REQUESTED FOR REIMBURSEMENT** |  |

**FOR USE BY THE DIVISION’S DESIGNEE:**

|  |  |
| --- | --- |
| APPROVED REIMBURSEMENT AMOUNT | $ |
| NAME OF APPROVER |  |
| SIGNATURE OF APPROVER |  |
| DATE |  |

***Send the completed form along with receipts to Walter Den, walter.den@tamusa.edu.***