

TRAVEL REIMBURSEMENT FORM FOR NONEMPLOYEES AND NONCOMMITTEE MEMBERS

Part A. TEA Completes.

This section must be completed by TEA staff prior to participant's completion of Part B.

Purpose (Event name)	Partners in Policymaking	Division	TCDD
Date(s) of Event		Org Code(Subobject)(Admin.)	800001
TEA Contact Person+Email		Source/Project (Program)	

Part B. Traveler Completes.

Required for Processing: (1) Attached receipts and a copy of the TEA letter requiring your attendance at the meeting including its purpose, place, and time.

1	Printed Name	
2	E-Mail Address / Phone Number	
3	Physical Mailing Address	
4	Texas Payee ID Number (TIN)	
5	Public Transportation Costs	
6	Mileage (.58¢ x # of miles)	
7	Actual Meal Cost	
8	Lodging	
9	Other	
10	Total	

Instructions

- 1) Print your name.
- 2) Please provide an email address or contact phone and fax number.
- 3) Address where you wish your reimbursement to be mailed.
Reimbursement will be send through direct deposit if you completed your direct deposit form.
- 4) Texas Payee number (assigned by the State Comptroller of Public Accounts, CPA) or your social security number. Genessee will complete this for you.
- 5) Public transportation cost: taxi, bus
- 6) Mileage: Actual miles may not to exceed the official mileage allowed in the CPA Texas Mileage Guide. Effective January 1, 2019 the rate is .58¢. The State of Texas has adopted the federal travel reimbursement rates and the most current rates may be accessed from the CPA website: <https://fmx.cpa.texas.gov/fmx/travel/texttravel/rates/current.php>
- 7) Meal Cost: Actual meal expenses not to exceed the federal rate for that city. Rates for San Antonio and Austin are as follows: Breakfast \$14, Lunch \$16, Dinner: \$26, Incidental Expenses \$5.
- 8) Lodging: Lodging is provided and paid for directly by Partners in Policymaking.
- 9) Other: Parking fees, misc travel fees, respite fees, and attendant fees.
Be sure to include your signed respite and attendant care receipts.
- 10) Total: Sum of columns 4 through 9.
- 11) Attach receipts and return to TEA by mail to the address specified above

Traveler's Signature

Required—Verify Total Costs

TEA Employee Authorizing Payment

(if Applicable)

By initialing this box, I agree to allow the TEA Travel Section to make adjustments to this travel reimbursement form for amounts of \$10.00 or less without contacting me for authorization.

