

**OCEAN DRILLING PROGRAM
TEXAS A&M RESEARCH FOUNDATION**

EXPENSE ACCOUNT

Complete Form with Ink or Typewriter

ODP No. _____

1. Name of Claimant _____ Social Security No. _____

Mailing Address _____

2. Travel Period: From (hour) _____ (date) _____ To (hour) _____ (date) _____

Business Dates: _____ Personal Leave Dates: _____

3. Trip To _____

4. Purpose _____

5. Accompanied By _____

6. Charge To: Account No _____ Sub Code _____

Items 7 through 11 on Reverse Side

Comments:

TOTAL EXPENSES \$ _____

(Transferred from reverse side)

(_____) **Less Advance** \$ _____

Screen 104 Voucher # _____

Total Due Claimant \$ _____

or

Total Due TAMRF \$ _____

Check No. _____ Date _____

FOR INTERNAL USE ONLY

General Ledger #			
Screen 111 Voucher #			
<i>Famis Account No.</i>	<i>Sub Code</i>	<i>Cost Ref</i>	<i>Amount</i>
Texas A&M Research Foundation			
By _____			

I certify that the above account is correct and reimbursement for these expenses has not been received, and that costs for alcoholic beverages are not included.

**Claimant's Signature
REQUIRED for Processing**

Date Phone

APPROVED: Signature

Date Phone

7. Transportation - (check box if billed by vendor directly to ODP - TAMRF)

Do not include direct-billed items in total column

- a. Personal Automobile: _____ miles @ .375 per mile \$ _____
- b. Airplane * (passenger coupons must be attached) \$ _____
- c. Rental Vehicle * \$ _____
- d. Other Transportation Costs * (Document below: parking, tolls, gas, etc.) \$ _____
- e. Taxi, Limo, Bus, Train * (Document trips below, i.e. to/from, date) \$ _____

* Receipt required for individual items of \$50 or more

\$ _____
Total Transportation

8. Lodging - Original itemized receipts required (Check box if direct-billed to ODP-TAMRF)

- _____ day(s) @ \$ _____ per day in _____ = \$ _____
- _____ day(s) @ \$ _____ per day in _____ = \$ _____
- _____ day(s) @ \$ _____ per day in _____ = \$ _____

\$ _____
Total Lodging

9. Meals (Attach meal log or provide meal information below). Note IRS regulations state that reimbursement for meals on non-overnight trips must be reported by the employer as taxable income.

IMPORTANT NOTE: Contact ODP Travel by email (hughes@odpemail.tamu.edu) prior to completing this form if you would like assistance with calculating the number of meals and rates correctly. Incorrect information can result in reimbursement that is less than expenses incurred.

City	No.	Breakfast	No.	Lunch	No.	Dinner	Total
_____	_____	@ \$ _____	_____	@ \$ _____	_____	@ \$ _____	= \$ _____
_____	_____	@ \$ _____	_____	@ \$ _____	_____	@ \$ _____	= \$ _____
_____	_____	@ \$ _____	_____	@ \$ _____	_____	@ \$ _____	= \$ _____
_____	_____	@ \$ _____	_____	@ \$ _____	_____	@ \$ _____	= \$ _____

\$ _____

(Note: IRS regulations state that reimbursement for meals on non-overnight trips must be reported by the employer as taxable income.)

If claiming actual meal expenses, please refer to the TAMRF-ODP Travel Policy.

10. Communication (Official ODP business only) - Telephone/Telegraph/Telex/FAX

Document any single charge of \$6 or over - Person(s) contacted and date

Receipt must be attached for any single expense of \$50 or more.

\$ _____
Total Communications

11. Miscellaneous Expense (Receipts required for any single expense of \$50 or more)

Date	Item	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

\$ _____
Total Miscellaneous

TOTAL EXPENSES
(Transfer total to first page)

\$ _____