



Texas Council for Developmental Disabilities Travel Expense Record

(Use one form per trip.)

Traveler	Social Security No.	County								
Mailing Address (street, city, state, zip code)		Title or Committee								
Purpose of Travel		Destination								
Home City (headquarters)	Departed Home City (headquarters): Date: _____ Time: _____	Arrived Home City (headquarters): Date: _____ Time: _____								
COMMERCIAL AIRLINE (attach receipts) Use lowest available airfare, e.g., coach-round trip		\$ _____								
OTHER TRANSPORTATION (attach receipts) bus, railroad, etc.		\$ _____								
CAR MILEAGE (include home city {headquarters} to and from destination plus in-town mileage) Home city (headquarters) to and from destination--miles: _____ In-town mileage (itemize): From: _____ To: _____ Miles: _____ Date: _____ From: _____ To: _____ Miles: _____ Date: _____ From: _____ To: _____ Miles: _____ Date: _____ From: _____ To: _____ Miles: _____ Date: _____ <div style="text-align: right;">Total Miles traveled X \$.56/mile =</div>										
TAXI, LIMOUSINE, OR RENTAL CAR (attach receipts for rental car only) List points of origin and destination for taxi or limousine only: From: _____ To: _____ Date: _____ From: _____ To: _____ Date: _____ From: _____ To: _____ Date: _____ From: _____ To: _____ Date: _____										
PARKING FEES Airport parking etc.		\$ _____								
LODGING (attach receipts) Member's total lodging: \$ _____ + Attendant's total lodging: \$ _____ (if applicable)										
MEALS (list actual cost of meals for each day) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Member</td> <td style="width: 50%;">Attendant</td> </tr> <tr> <td>Date: _____ Amount: \$ _____</td> <td>Date: _____ Amount: \$ _____</td> </tr> <tr> <td>Date: _____ Amount: \$ _____</td> <td>Date: _____ Amount: \$ _____</td> </tr> <tr> <td>Date: _____ Amount: \$ _____</td> <td>Date: _____ Amount: \$ _____</td> </tr> </table> Member's total meals: \$ _____ + Attendant's total meals: \$ _____ = (attach receipts)			Member	Attendant	Date: _____ Amount: \$ _____					
Member	Attendant									
Date: _____ Amount: \$ _____	Date: _____ Amount: \$ _____									
Date: _____ Amount: \$ _____	Date: _____ Amount: \$ _____									
Date: _____ Amount: \$ _____	Date: _____ Amount: \$ _____									
OTHER TRAVEL EXPENSES--attendant care, registration fees, etc. (attach receipts)		\$ _____								
TELEPHONE CALLS (attach copy of charges with official calls shown) Must be TCDD business-related; need not be made while in travel status.		\$ _____								
TOTAL EXPENSES										
I certify that the information given above is true and correct. Traveler's Signature: _____ Date: _____										

Texas Council for Developmental Disabilities Travel Expense Record

Instructions for Travel Expense Record

List actual cost of meals for each day separately for member and attendant.

Reimbursement is entitled for:

- actual expenses per day for meals and lodging for
 - Texas Council for Developmental Disabilities, and
 - attendants,
- personal assistance services expenses; and
- other expenses necessary for participation in TCDD meetings and activities.

<i>Traveler's Name</i>	Enter name, social security number, and county.
<i>Traveler's Mailing Address</i>	Enter mailing address, and title or board/committee/council name.
<i>Purpose of Travel</i>	State purpose of travel, meetings attended, purpose, destination, etc.
<i>Traveler's Home City</i>	Enter home city - the place of departure and return. Enter the date and time of departure from and return to that city.
<i>Commercial Airfare</i>	Enter the amount of airfare, if using a commercial plane. Attach airline stubs/receipts. First class flights must be justified in writing.
<i>Other Transportation</i>	If using bus, railroad, etc., show the cost and attach receipts.
<i>Car Mileage</i>	If traveling by personal car, show the number of miles driven. Multiply the mileage by \$.56 and enter the amount. Itemize mileage, e.g., headquarters to and from the destination and any in-town mileage. Reimbursement is based on the State Comptroller's official mileage chart.
<i>Taxi, Rent Car</i>	If using a rental car, attach receipts. Use a taxi if more economical than renting a car. When using a taxi, show the points of origin and destination.
<i>Parking Fees</i>	Show any parking expenses (airport parking, etc.) No receipts are needed.
<i>Lodging</i>	Enter the actual amount for lodging. Attach receipts.
<i>Meals</i>	Enter the actual amount for meals per day
<i>Other Travel Expenses</i>	List expenses, such as registration fees and attendant care, with receipts.
<i>Total Expenses</i>	Add the total amount of expenses.
<i>Traveler's Signature</i>	Sign, date, and return expense record to the appropriate person below, along with any questions about reimbursement.

Submit expense report to:

Koren Vogel (512) 437-5416 Texas Council for Developmental Disabilities Address: Texas Council for Developmental Disabilities, 6201 E. Oltorf, Suite 600., Austin, Texas 78741-7509
