Travel Reimbursement Form

Name:				Account to be charged:			
US Citizen:	Yes	No		City of Residence:			
Trip Destination:							
Trip Purpose:							
Departure Date:				Departu	ıre Time:	AM	PM
Return Date:			<u> </u>	Time of	Return:	AM	PM
Have expenses incurred prior to travel been processed?: Did you use Aggie Travel/Connexxus for reservations for this trip?:				Yes Yes	No		
		Card for any of the b		Yes	No No		
		penses and last 4 digit					
Expense Date		Expense Type	Location o	f Expense	,	Amount	Itemized Rec
							+
					TOTAL:		
			he expenses claimed wreceipts for each exper				
			Policy.				
anlawa Ciasat					_		
npioyee Signature	· ·)ate:	
ture (if required)	:					ate:	