



Participant Travel/ Stipend Reimbursement Form

Name of participant: _____

Pay to: _____ Social Security: XXX-XX-_____
 Address: _____ Business Phone: _____
 _____ Home Phone: _____
 City _____ State _____ Zip _____

Stipend

\$ _____ x _____ OR _____ \$0.00
 Stipend Rate # of Days # of Interns

Travel/Activity Information

Purpose of travel/description of activity: _____

 Travel from _____ (address) to _____ (address)
 Dates of travel/activity:
 Departure Date: _____ Return Date: _____
 Time: _____ Time: _____

Amount Claimed (Please see detailed instructions on pg. 2 for specific reimbursement guidelines)

1. Private Transportation Home/Airport/Home Home/Meeting Site/Home 1. _____ \$0.00
 _____ miles @ \$0.54 per mile
 2. Public Conveyance (receipt required) 2. _____
 3. Lodging (Itemized receipt required) 3. _____
 4. Meals (Original ITEMIZED receipts showing actual amount paid are required): 4. _____ \$0.00
 Breakfast _____ meal: Not to exceed \$10 ea = _____
 Lunch _____ meal: Not to exceed \$15 ea = _____
 Dinner _____ meal: Not to exceed \$21 ea = _____
- *Alcohol is prohibited from reimbursement. Any receipt with alcohol will be denied ir*
5. Other expenses (itemized receipts required) 5. _____

- Total** _____ **\$0.00**

Name of Intern(s): _____

attach list if more space needed

I certify that the travel listed/activity supported was made in connection with official Education Service Center business and the amounts claimed are correct, true, and unpaid.

Signature of Claimant _____ Date _____ Department Approval _____ Date _____

Return form to: Education Service Center Region 13 Email: _____
 Contact: _____ Fax: _____
 5701 Springdale Road
 Austin, TX 78723

ESC 13 Use Only	
Participant Stipend Account	Amount: _____
Participant Travel Account:	Amount: _____
Business Office Approval: _____	

NON-STAFF REIMBURSEMENT INSTRUCTIONS

Please review the following instructions before submitting your expenses for reimbursement.

Original Itemized Receipts for all items to be reimbursed are required

Receipts must show form of payment and a \$0 balance

Mileage	Effective 3/1/2016, mileage will be reimbursed at a rate of \$0.54 per mile. Point to Point drivers need to write down their full address of travel destinations as well as submitting a map quest for backup.
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Rentals	Rentals will be reimbursed at no more than \$80.00 a day. Any costs over that will not be reimbursed. Receipts are required.
Flights	You must provide receipts with the purchase/payment amount. Flights must be economy class. Any fees incurred for flight changes will not be reimbursed.
Shuttle/Cab Fare	Receipt must include all amounts - any tip as well as the date. Tips are not reimbursable.
Hotels	You will need to submit the hotel receipt with itemization of charges as proof of payment. Tips and Incidentals (ie: room service charges) are not reimbursable.
Meals	Original ITEMIZED (detail of all items purchased) receipts are required for ALL meals to be reimbursed. There will be no reimbursement for tips or alcohol. Receipts shall not have alcohol on them or the entire meal will be deducted. Meals provided by the event attended will not be reimbursed. Meal expenses will not exceed the per meal maximum (breakfast \$10, lunch \$15,

Please note: The Business Office of Region 13 may adjust your reimbursement amounts after submission for reasons including but not limited to complying with rules and guidelines, insufficient documentation, inaccurate mileage calculations.