



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

**EXPENSE ACCOUNT**

*Complete Form with Adobe's Acrobat or Reader software, Ink, or Typewriter*

IODP No. \_\_\_\_\_

1. Name of Claimant \_\_\_\_\_ SSN or TAMU UIN \_\_\_\_\_

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 Second Page**

**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**

<b>General Ledger #</b>			
<b>Screen 111 Voucher #</b>			
<i>Famis Account No.</i>	<i>Sub Code</i>	<i>Cost Ref</i>	<i>Amount</i>
<b>Texas A&amp;M Research Foundation</b>			
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 IODP - TAMRF)

*Do not include direct-billed items in total column*

- a. Personal Automobile: \_\_\_\_\_ miles @ \_\_\_\_\_ 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 IODP-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 IODP Travel by email ([rogers@iodp.tamu.edu](mailto:rogers@iodp.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-IODP Travel Policy.

\$ \_\_\_\_\_

**10. Communications** (Official IODP 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**  
(Total will be copied to first page)

\$ \_\_\_\_\_