



### Medical Scholar Research Pathway Program - Expense Reimbursement Form

Student Name	Student UIN	Class Year	Conference	Travel Date(s)

**Rules:**

1. Do not submit expense reimbursement form until the completion of travel. It is strongly encouraged that we assist in making travel arrangements for you. Please contact Marlene Nichols at [mjwong@medicine.tamhsc.edu](mailto:mjwong@medicine.tamhsc.edu). In many instances, we can negotiate a better travel rate for you.
2. Submit form detailing eligible travel expenses: registration fees, airfare or personal mileage, car rental, hotel, per diem rates accepted by TAMU, and presentation printing cost of poster paper.
3. All expenses must have an itemized receipt to be reimbursed.
4. Receipts using travel websites (e.g., Travelocity, Expedia or Priceline) that combine hotel and airfare costs will not be accepted.
5. If student is sharing a hotel room, the allowable cost is to claim half the cost of the hotel room.
6. If a student is sharing an Airbnb accommodation, the allowable cost is the amount per person of housing allowance.

**Submission instructions:**

- Claimed expenses may not exceed the travel awarded amount.
- All expenses must have itemized receipts to receive travel award funds. Proof of payment is required to contain your name, final transaction amount, transaction date, and form of payment.
- Redact personal data such as social security number, credit card number, driver’s license, home address.

Item	Receipt Attached?	Expenditures (\$)
Conference registration		\$
Airfare		\$
Car rental		\$
Personal mileage: Reimbursed at the federal rates as <a href="#">listed here</a> , and for gas related expenses	<u>Trip 1</u>	Starting address:
		Ending address:
		Trip 1 mileage total:
	<u>Trip 2 (if applicable)</u>	Starting address:
		Ending address:
		Trip 2 mileage total:
	<u>Trip 3 (if applicable)</u>	Starting address:
		Ending address:
		Trip 3 mileage total:
Ground transportation		\$
Hotel accommodation		\$

Item	Receipt Attached?	Expenditures (\$)
Total amount for meals (excluding alcohol) - maximum allowed by state per-diem		\$
Specify other expenses		\$
Total	Not applicable	\$

Please submit this completed MSRPP expense reimbursement form and a TAMU Student Direct Deposit Authorization form to [COM-MD-Research@medicine.tamhsc.edu](mailto:COM-MD-Research@medicine.tamhsc.edu)

**Notice:** Reimbursement forms with errors or missing data without explanation will be returned for clarification and may result in a delay in processing time. Please allow 3-4 weeks to process your expense report.

**Questions:** Please refer any questions to Gloria Conover, PhD at [gconover@medicine.tamhsc.edu](mailto:gconover@medicine.tamhsc.edu) or at (979) 436-0215.