

TEXAS A&M INTERNATIONAL UNIVERSITY
FACULTY RECRUITMENT TRAVEL ESTIMATION FORM

Candidate Name: _____

Reimbursement Acct # _____

Position & Department: _____

Amount Approved for this Travel _____

Date: _____

Dates of Travel: _____

(airfare must be booked 2 weeks in advance; 7 days minimum)

AIRFARE: _____
Provost's Account

RENTAL VEHICLE: (State Contracted Rental Vehicles ONLY)

PRIVATE VEHICLE:

LODGING: (State Contracted Rates Only)

MEALS: (Not to exceed state maximum)

TOTAL AMOUNT:

Dept./Div. Chair

Date

Dean

Date

Provost

Date