

TEI Consortium: Travel Reimbursement Form

In order to be reimbursed for TEI-related travel, please follow these guidelines:

Purchase the lowest available airfare, coach class.

Submit original receipts or legible full-color scans for all expenses

Please complete, sign, and submit this form and your receipts to TEI within 30 working days of your return, either in hard copy or as a scanned images attached to email.

Name _____

Institution _____

Meeting _____

Date/place of meeting _____

Date of arrival _____ Date of departure _____

Ground transportation covers rail, bus, taxi, etc. if you paid in multiple currencies, use different lines to list expenses by currency. Please enter the currency (e.g., EUR) and an exchange rate for each line.

Other Expenses covers costs such as parking and office supplies. Enter the currency and exchange rate. Please also note what the expenses were for in Notes.

Enter the number of meals that you paid for under **Individual Meals**. Do not include meals that you did not pay for or that are being reimbursed by other sources. Enter the per diem for meals, as set by the TEI Board. You do not need to include receipts for these meals. If you bought meals for a group, list them under **Group Meals** and attach receipt(s) and a list of who attended the meal(s), as well as the currency and exchange rate.

Category		Expenses		Exchange rate		Total in USD
		Currency	Amount			
Air fare					=	
Ground transport (indicate taxi, bus, etc.)					=	
					=	
					=	
					=	
					=	
Hotel					=	
Other expenses					=	
Notes:						
Group meals					=	
					=	
Individual Meals			Number	Per diem		
	Breakfasts				=	
	Lunches				=	
	Dinners				=	
Personal car (reimbursed at rate given at www.gsa.gov/pov ; 1 km ≈ 0.62 mile)		total distance driven in km:				
		OR total distance driven in miles:				
Total to be reimbursed:						

The expenses incurred should be reimbursed to:

Expenses should be reimbursed as:

☐ A) Myself ☐ B) My Institution

PayPal ID:

☐ Check ☐ Wire Transfer ☐ PayPal

Make check payable to: _____

Wire transfer Routing, IBAN or SWIFT number: _____

Account number: _____

Address: *N.B. If you selected (A) above, please provide your mailing address.
If you selected (B) above, please provide your institution's mailing address.*

I enclose all original receipts and declare that I will not claim any of the expenses here from any other source.

Signature of claimant _____

Date _____

Place _____

E-mail address _____

Please print, sign, and return this form together with **original or full-color scanned receipts** for transportation, hotel, group meals, and other expense to:

Text Encoding Initiative Consortium
401 Edgewater Place, Suite 600
Wakefield, MA 01880 U.S.A.

Email: teiconsortium@gmail.com