

**CRANDALL ISD
TRAVEL SETTLEMENT FORM**

Payable To: _____ Purpose _____

Departed To: _____ Date: _____ Time: _____

Returned To: _____ Date: _____ Time: _____

Statement of Expense	(A) Actual Expenses	(B) Amount Advanced	(A – B) Balance Due / (Owed)
Registration Fee (attach registration form)			
Lodging (attach itemized bill)			
Mileage(attach MapQuest) _____miles X \$0.56 per mile			
Airfare (attach receipts)			
Vehicle Rental (attach receipt)			
Rental Vehicle Fuel (attach receipts)			
Parking Fee (attach receipt)			
Taxi Fare (attach receipt)			
Meals: Employees / Sponsors *See note Number of employees _____ Breakfast 7.00 X _____ Lunch 9.00 X _____ Dinner 14.00 X _____			
Meals: Students *See note Number of students _____ Breakfast 5.00 X _____ Lunch 8.00 X _____ Dinner 12.00 X _____			
Other (specify & attach receipts)			
Total			

EMPLOYEE MEAL REIMBURSEMENT IS FOR OVERNIGHT TRAVEL ONLY UNLESS TRAVELING WITH STUDENTS

* To qualify for **breakfast** the claimant must **depart by 5:00 a.m. and return after 8:00 a.m.**; for **lunch** the claimant must **depart by 11:00 a.m. and return after 2:00 p.m.**; and for **dinner** the claimant must **depart by 5:00 p.m. and return after 8:00 p.m.** Meals that are furnished by the conference or workshop are not eligible for per diem reimbursement.

The travel reimbursement requested above is true and correct. I understand that providing false information will be grounds for dismissal. I also certify that I am responsible for verification of the meal expense in the event that I am audited by the IRS.

Signature of Claimant

Supervisor's approval

Revised January 2020