

**SPRING BRANCH INDEPENDENT SCHOOL DISTRICT
OUT OF TOWN OVERNIGHT TRAVEL REIMBURSEMENT**

Date: _____ TRAVEL PO#: _____
 Name: _____ Campus/Department: _____ Position: _____

Name of Meeting: _____ Meeting Location: _____ Meeting Purpose: _____

Dates and Times of Travel: Departure Date: _____ Time: _____ am pm
 Return Date: _____ Time: _____ am pm

ACTUAL EXPENSES - TOTALS ONLY

	Registration	Lodging	Transportation				Meals	Miscellaneous					Total			
			Airfare	Rental	Miles	Rate		Total	Gas	Tolls	Parking	Cab/Shuttles		Internet	Baggage	
						0.545	\$0.00								\$0.00	
						0.545	\$0.00								\$0.00	
						0.545	\$0.00								\$0.00	
						0.545	\$0.00								\$0.00	
Total	\$0.00	\$0.00	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
															Subtotal	\$0.00
															Prepaid	\$0.00
															Total	\$0.00

*Mileage rate effective January 1, 2018 is \$0.545

Gas and Tolls reimbursements are for Rent Cars only

Account Codes:

Employee Signature

Federal & Grant Funds Director Approval (if applicable)

\$ -

Prepared By

\$ -

Approved By

****FEDERAL & GRANT FUNDS MUST BE APPROVED BY THE APPROPRIATE DIRECTOR PRIOR TO SENDING THIS FORM TO Diane Ache**
RETURN FORM TO Diane Ache IN FINANCE, ALONG WITH ORIGINAL RECEIPTS. IN ORDER TO PROCESS PAYMENT**

MEALS - BREAKDOWN (MEALS INCLUDE STATE TAX)

Meal amounts are \$5, \$10 and \$20 based on travel times of 7 am to 6 pm.

Date	B	L	D	Total
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00

Receipts are required for all meals when using federal/ grant funds.

NOTES/COMMENTS