

**BULLARD INDEPENDENT SCHOOL DISTRICT**  
**Travel Reimbursement Form**  
(Submit Within 7 Days of Return)

Name \_\_\_\_\_

Meeting Attended \_\_\_\_\_

Place of Meeting \_\_\_\_\_

Departure Date \_\_\_\_\_ Time \_\_\_\_\_

Return Date \_\_\_\_\_ Time \_\_\_\_\_

**Transportation**

Privately Owned Vehicle: Miles Driven \_\_\_\_\_ @ 0.655 Per Mile \$ \_\_\_\_\_  
(MapQuest Mileage Verification Required)

Passengers: \_\_\_\_\_

**Lodging**

\$ \_\_\_\_\_

**Meals**

Breakfast #\_\_\_ @ \$ 8.00

Lunch #\_\_\_ @ \$ 12.00

Dinner #\_\_\_ @ \$ 16.00

\$ \_\_\_\_\_

**Miscellaneous**

Conference Registration Fee (Receipt Required) \$ \_\_\_\_\_

Parking Fee (Receipt Required) \$ \_\_\_\_\_

Other (Specify) \_\_\_\_\_ \$ \_\_\_\_\_

Student Meals (Signatures Required for Cash Advanced) \$ \_\_\_\_\_

**Total Amount Spent** \$ \_\_\_\_\_

Travel Advance (If Applicable) \$ \_\_\_\_\_

Check One: \_\_\_ Amount Due \$ \_\_\_\_\_

\_\_\_ Amount Returned \$ \_\_\_\_\_

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Account Number To Be Charged

\_\_\_\_\_  
Principal/Director Date

\_\_\_\_\_  
Business Manager Date