

Lone Oak ISD - Employee Travel Form

Please complete the following information. In most cases, this form will be completed and submitted to the finance office following a school trip. Advances are typically only considered on an emergency basis.

Advance Reimbursement Code # _____

Name of Employee: _____ Campus: _____

Date and Time of Departure: _____

Date and Time of Return: _____

Destination/Purpose for Travel: _____

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	
Travel Dates								Total Each Line
Mileage** (62.50 ¢ per mile)	\$	\$	\$	\$	\$	\$	\$	\$
Transportation (receipts required)	\$	\$	\$	\$	\$	\$	\$	\$
Hotel (receipts required)	\$	\$	\$	\$	\$	\$	\$	\$
Registration Fees (if applicable)	\$	\$	\$	\$	\$	\$	\$	\$
Meal - Breakfast* \$10.00	\$	\$	\$	\$	\$	\$	\$	\$
Meal - Lunch* \$15.00	\$	\$	\$	\$	\$	\$	\$	\$
Meal - Dinner* \$20.00	\$	\$	\$	\$	\$	\$	\$	\$
Other*	\$	\$	\$	\$	\$	\$	\$	\$
Explain "Other":								Total: \$

*Overnight stay required for employee to receive meal reimbursement. Must leave prior to 6:00 am to receive breakfast, prior to 12:00 pm to receive lunch, and return after 6:00 pm to receive dinner.

**A school vehicle must be used for travel, if available. If a school vehicle is available and you choose to use your own vehicle, you will not be eligible for reimbursement.

Signature of Employee: _____ Date _____

Signature of Principal: _____ Date: _____

Signature of Business Manager/Supt. _____ Date: _____

