

EAST CENTRAL INDEPENDENT SCHOOL DISTRICT

Request for Travel Reimbursement

Date _____

Name: _____

Campus: _____ Department _____

Purpose of Travel: _____

Dates of Meeting: _____ Meeting Location: _____

TIME: DEPARTURE

Date

_	/	_	/	_
Hour		am/pm		

RETURN

Date

_	/	_	/	_
Hour		am/pm		

Total mileage _____ @ .60 per mile \$ _____

Meals (receipts attached) \$ _____

(Must be an Itemized Meal Receipt)

Room (receipts attached) \$ _____

(Must be an Itemized Detailed Hotel Bill)

Other expenses (receipts attached) Explain: \$ _____

TOTAL EXPENSES \$ _____

I certify that the above expenses are true and correct and were incurred by me in the performance of my official duties.

Employee's Signature

APPROVED BY: _____

Principal or Supervisor

CFO

Eligible Reimbursement

Maximum Allowable .60/mile

Mileage	up to 500 mile	Must have Original Receipts
*Meals Breakfast	limit \$14.00	
Lunch	\$19.00	
Dinner	\$24.00	

State Lodging allowable for that city

* There will be no meal reimbursement unless overnight travel is involved.

Budget Code:

FUND	FUNCT.	OBJECT	ORG.	EXT. CODE

All Overnight Travel must have Request for Overnight Travel Approved Prior to Travel
All Out-of-State Overnight Travel must be Preapproved by Administrative Council