



WISD BOARD APPROVED DATE: _____

WESLACO INDEPENDENT SCHOOL DISTRICT

Dr. Richard Rivera, Superintendent of Schools

STAFF & STUDENT TRAVEL VOUCHER

CAMPUS/DEPT: _____ NAME & POSITION: _____

DESTINATION: (city & state) _____

FUNCTION: _____

DATE & TIME OF
DEPARTURE: _____ AM _____ PMDATE & TIME OF
RETURN: _____ AM _____ PMBENEFIT TO WISD: _____

STATEMENT OF EXPENSES

AMOUNT

Fare: air, bus, rail (attach receipts)	
Leased Vehicle Charges (attach receipts)	
Private Vehicle _____ X .67 cents per mile	
Lodging (attach receipts)	
Student & Chaperone Meals (attach quote)	
Maximum Allowances - Staff Meals In State BREAKFAST _____ X \$10.00 = \$ _____ LUNCH _____ X \$12.00 = \$ _____ DINNER _____ X \$14.00 = \$ _____ TOTAL: \$ _____	
Staff Meals Out of State (attach receipts)	
Other expenses (attach list of details & expenses) ex: <i>registration fees, entrance fees, etc.</i>	
IMPORTANT: <ul style="list-style-type: none">• Attach class rosters or list of students, and a list of chaperones with their position/title.• <u>For instructional field trips include:</u> TEKS, lesson plan(s)• All documentation must state the school's name.• Handwritten documentation will NOT be accepted.• NO digital or stamped signatures.• Include flyers/registration forms/agendas, quotes, etc.• For Region One include workshop # under function.	TOTAL

Account(s) To Be Charged:

Signature of Principal/Director_____
Date_____
Signature of Deputy/Assistant Superintendent_____
Date_____
Signature of Superintendent of Schools_____
Date**The above expenses are true and correct.**_____

_____(signature(s) of requester(s) and/or of all
employees being reimbursed)