Georgetown ISD Employee Travel Reimbursement Form

Approved EMPLOYEE TRAVEL AUTHORIZATION FORM is required PRIOR to making any travel arrangements

Employee Name _____ Campus/Dept _____

Reason for Travel _____ Budget Code _____

Departure Date and Time: (Time must be specific-i.e. 7:00 am) _____ Check Req # _____

Return Date and Time: (Time must be specific-i.e. 8:00 pm) _____

Complete the bottom section upon return from trip. Attach receipts for expenses, mileage map, toll calculator, and agenda. Do not include cost of items previously paid for, i.e., hotel, airfare, registration.

* Meal maximum per full day is $45. Breakfast $10, Lunch $15 & Dinner $20. . Partial days are pro-rated based on the time of departure: **Departure day travel**: No breakfast (lunch is reimbursable for departure times before 10:30 am). **Return day travel:** No dinner (lunch is reimbursable for return times after 3:00 pm)

- The District will NOT reimburse for SNACKS or incidentals during the trip.
Gratuities are a reimbursable expense up to full day meal allowance, not to exceed 15%.

* Traveler must provide conference agenda. If the conference is providing meals, the District will not reimburse the employee.
* To process reimbursement, Business Services must have all required documents (Employee Travel Authorization Form, itemized receipts, map, etc.) within **15 days of travel**.
* We are exempt from Texas State sales tax & Texas State hotel occupancy taxes. The exemption forms should be given to the hotel at check in. Forms are available on the GISD website.

NOTE: Employees must stay overnight or have an extended work day to qualify for meal reimbursement.

Travel Dates:								**Total**
Meal - Breakfast								$
Meal - Lunch								$
Meal - Dinner								$
Hotel								$
Transportation								$
Parking fees								$
Other-Provide description below								$
Totals >>>>								

Use MapQuest or other mapping website _____ miles @ $0.60 per mile = _____

Print and submit copy Mileage

Total Reimbursement >>> _____

Less Advance Travel >>> _____

Amount due to (from) Employee _____

Description of Other Costs Listed Above: _____

I affirm that this travel was conducted for school purposes, and that the amounts reported here are accurate to the best of my knowledge.

Employee Signature _____ Date _____

Principal/Director Signature _____ Date _____

Revised: 08/07/24