

CROSBY INDEPENDENT SCHOOL DISTRICT

TRAVEL EXPENSE REPORT

Please note: Google Maps supporting listed trips are required to be attached to this form.

Name: _____ Budget Code: _____

Address: _____ Campus/Department: _____

DATE	PURPOSE	FROM	To	MILES TRAVELED

Reimbursement Rate	X \$ 0.67
Reimbursement Amount	

Travel reimbursement claims should be submitted to the Business Office within 30 days of completion of travel.

Traveler's Signature

Date

Principal/Supervisor's Signature

Date

Chief Financial Officer's Signature

Date