KERRVILLE INDEPENDENT SCHOOL DISTRICT

TRAVEL VOUCHER AND REIMBURSEMENT					
NAME			DATE:		
CAMPUS					
DATE	CITY OF EVENT	TITLE OF WORKSHOP/MEETING	MILES	MEALS	OTHER
				\$0.00	\$0.00
Special Note:	Maximum meal allowance for overnight workshop:	T 4 1349	0		
	\$7.00 Breakfast	Total Miles	0		
	\$11.00 Lunch \$23.00 Supper	Rate	0.670		
		Totals	\$0.00		
	_			1	
	Maps for mileage reimbursement g receipts if applicable ate(s)				
I certify that I ha that any meal cos	ve traveled to the place(s) listed about the control of the contro	ot exceed the actual meal costs			
Signature					

Total Expense \$

Department Approval _____

Central Office Approval

Budget Account _____

Purchase Order# _____