## KERRVILLE INDEPENDENT SCHOOL DISTRICT TRAVFL VOLICHER 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:	Total Miles	0		
	\$7.00 Breakfast \$11.00 Lunch				
	\$23.00 Supper	Rate	0.700		
		Totals	\$0.00		
Attach parkin Attach certific I certify that I hat that any meal con	e Maps for mileage reimbursement ag receipts if applicable cate(s) ave traveled to the place(s) listed ab sts claimed for reimbursement do r de any sales tax, gratuities, or any o	oove for approved business and not exceed the actual meal costs			
Signature					
Department Approval			Total Expense \$		
Central Office Ap	proval				
Budget Account _					

Purchase Order#