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 _____PM

DATE & TIME OF RETURN: _____ _____ AM _____ PM

BENEFIT TO WISD: _____

_____

STATEMENT OF EXPENSES	AMOUNT
Fare: air, bus, rail (attach receipts)	
Leased Vehicle Charges (attach receipts)	
Private Vehicle _____ X .725 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: $0.00	0.00
Staff Meals Out of State (attach receipts)	
Other expenses (attach list of details & expenses) *ex: registration fees, entrance fees, etc.*	
TOTAL	0.00

IMPORTANT:

- Attach class rosters or list of students, and a list of chaperones with their position/title.
- For instructional field trips include: 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.**

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)

05/14/2024 ic