



GAINESVILLE INDEPENDENT SCHOOL DISTRICT

**900 N. Grand Ave.
Gainesville, Texas 76240**

**940.665.4362
Fax: 940.668.0354**

www.gainesvilleisd.org

GISD Staff - Travel Reimbursement Request

Employee _____ **Destination/City** _____

Departure Date _____ **Time** _____ **Return Date** _____ **Time** _____

Name and Purpose of Trip (conference, workshop, etc.) *attach descriptive documentation*

EXPENSES:

Meals: Overnight travel only	Quantity	Rate	Total
Breakfasts <small>Leave before 6 am</small>		@ \$16.00	
Lunches <small>Leave before 11 am – Return after 2 pm</small>		@ \$19.00	
Dinners <small>Leave before 5 pm – Return after 8 pm</small>		@ \$28.00	
Transportation: receipts required			
Miles		@ .725	
Other Expenses: receipts required			
Fuel, parking, etc.			

TOTAL EXPENSES: \$ _____

Employee Signature _____ **Date** _____ **Campus Principal** _____ **Date** _____

Superintendent Approval _____ **Date** _____ **Account Code (Principal please provide)** _____

All travel must be PREAPPROVED. Submit to the business office for payment. Receipts will be submitted before payment will be issued. Receipts must be turned in to the business office within 5 business days. Mileage is paid from assigned campus to destination.