



EMPLOYEE TRAVEL REIMBURSEMENT FORM

This form with appropriate documentation **MUST BE SUBMITTED WITHIN 30 DAYS FROM THE LAST DAY OF TRAVEL** to be eligible for reimbursement. All August reimbursements must be submitted by September 15th. Attach original detailed receipts and other required documentation (*ei. map, print out of GSA per diem meal rate, etc.*) per District Travel Guidelines. Meal expenses included without a receipt will not be reimbursed.

Traveler Information

Name/Employee Number: _____ / _____ Campus/Dept.: _____

Account/Budget Code(s): _____

Trip Information

Destination (City/State): _____ Purpose of Travel: _____

Travel Dates: Leave Date: _____
Return Date: _____

Travel Expense Reimbursement Claim

Please refer to the Elgin ISD Travel Guidelines for further detail; meal and hotel reimbursement will be based on GSA rates. The rates will vary by location, if the location is not listed, the standard rate shall apply. For the first and last days of travel, meals will be % of the allowed rate for that location. The GSA meal rates can be found at this link: [GSA Meals & Incidentals \(M&IE\)](#)

Hotel (if not prepaid) \$ _____ Registration (if not prepaid) \$ _____

Mileage-total miles x .725 \$ _____ Transportation/Parking \$ _____

Meals- Day 1 \$ _____ Meals- Day 4 \$ _____

Was a meal provided: No If yes, check all that apply: Breakfast Lunch Dinner Was a meal provided: No If yes, check all that apply: Breakfast Lunch Dinner

Meals- Day 2 \$ _____ Meals- Day 5 \$ _____

Was a meal provided: No If yes, check all that apply: Breakfast Lunch Dinner Was a meal provided: No If yes, check all that apply: Breakfast Lunch Dinner

Meals- Day 3 \$ _____ Meals- Day 6 \$ _____

Was a meal provided: No If yes, check all that apply: Breakfast Lunch Dinner Was a meal provided: No If yes, check all that apply: Breakfast Lunch Dinner

Other \$ _____ Other Explanation: _____

TOTAL REIMBURSEMENT \$ _____

Travel Reimbursement Certification

I certify that the expenses for which a reimbursement is requested have been fully incurred by me in connection with a previously approved travel request. These expenditures are made in connection with EISD business and to my knowledge have not previously been submitted for payment.

Employee Signature: _____ Date: _____

Approval Signatures

Principal/Director/Supervisor _____ Date: _____

Program Administrator: _____ Date: _____
(if State or Federal Program funds are being used)

BUSINESS OFFICE: _____ Date: _____