Waco Independent School District **TR-1**

Out-of-District Travel Request and Reconciliation Form

(You must attach registration or conference and hotel info to this form)

Employee Name (as it appears on legal ID):		Campus/Department:	
Name of Event:		Place of Event:	
Departure Date:		Return Date:	
Budget Code(s) to be charged: If using federal funds, provide both federal and local account codes.			
If applicable, carpooling is required. Names of travelers you are carpooling with:			
If applicable, list name/campus of roommate:			

Have you read the district's travel procedures as found in the Business Service's Handbook? Yes □ No □ if no, cannot be approved

Expense Type:					Pre-Trip Estimated Amount	Post Trip Actual Amount	Due to Employee
Roundtrip Mileage (per district chart)		miles	@ 0.760 current rate		$	$	$
Airfare: □ Include copy of legal ID	PO#:		DOB:	Gender:			
Car Rental	PO#:						
Lodging- List Hotel name:							
Meals & Incidental: (no receipts required)	calculate amount using table below						
Registration Fees	PO#:						
Public Transportation							
Parking							
Other/Misc. -Describe:							
				Total	$	$	$

1) Seventy-five percent (75%) of the daily meal and incidental allowance is allowed on the day of departure and return, which is $48, regardless of the time of day departing and returning
2) On full days, enter the Incidental Allowance of $5 per day. Also if there are no meals provided, enter the full day meal allowance of $59 per day on the table below
3) For event provided or hotel provided meals, edit the daily meal rate accordingly below
4) Enter the total adjusted allowance from the table below into the meals & incidental section above
5) For more than 6 days, attach an additional sheet

	Day of Departure	Day 2	Day 3	Day 4	Day 5	Day of Return	**Total**
Breakfast $14							
Lunch $16							
Dinner $29							
Full Day Meal Allowance $59							
Full Day Incidental Allowance $5							
Day of Departure/Return $48	$ 48					$ 48	
Total	**$ 48**	**$**	**$**	**$**	**$**	**$ 48**	**$**

Signature must be provided by the employee receiving reimbursement for travel

Employee Signature: _____

Immediate Supervisor's Printed Name & Signature _____

Federal Fund and/or Grant Printed Name & Signature: _____

Cabinet Signature (for administrator's travel only): _____

Superintendent's Signature (for out of state travel): _____

Second signature by Immediate Supervisor is only required for all trips where actual expenditures exceed estimated expenses:

Second Immediate Supervisor's Signature: _____

Appropriate receipts must be returned to the Business Services Department with this completed form within **10** work days after return from the trip or you forfeit your right for reimbursement

Effective 07/01/2026