

COLEMAN INDEPENDENT SCHOOL DISTRICT
STAFF TRAVEL FORM R - REIMBURSEMENT REQUEST FORM

07/01/2026

Date of Request: _____

Name: _____

Campus/Dept: _____

Destination (City): _____

Event: _____

Event Begin Date and Time: _____

Event End Date and Time: _____

Departure Date: _____

Departure Time: _____ A.M. _____ P.M.

Return Date: _____

Return Time: _____ A.M. _____ P.M.

REQUESTED STAFF REIMBURSEMENT:

Requested Number of Meals:

_____ Breakfast \$13.00	_____ Lunch \$15.00	_____ Dinner \$26.00	\$ _____
<i>Leave before 6:00 a.m. or return after 7:00 a.m.</i>	<i>Leave before 12:00 p.m. or return after 1:00 p.m.</i>	<i>Leave before 7:00 p.m. or return after 8:00 p.m.</i>	

Personal Vehicle – Allowed Mileage _____ miles @ \$0.76 per mile \$ _____ **0.00**

**School vehicles must be used unless none are available. If a school vehicle is available and you choose to use your own vehicle, you will not be eligible for reimbursement.*

**For mileage reimbursement, attach a google map with beginning address (Coleman) and ending address (hotel or conference)*

Total Due Employee

\$ **0.00**

I certify that the above is true and correct.

Signed: _____
Employee Date

Approved: _____
Director or Principal Date

Staff Travel Expense must be turned in and approved BEFORE travel occurs.