

HAMLIN COLLEGIATE ISD
OUT-OF-DISTRICT TRAVEL REQUEST

Employee _____		Date _____	
Destination _____		Purpose of trip (conference, workshop, etc.) _____	
Departure Date _____	Time _____	Return Date _____	Time _____

TRAVEL EXPENSES

Meals: *(Indicate the number of meals each day based on departure and return time)*

	Breakfast	@	\$12.00		
	Lunch	@	\$17.00		
	Dinner	@	\$24.00		
					Total

Lodging: *(Fill out this section to be reimbursed for lodging)*

	Nights	Rate	Room(s)	
Hotel Name:				Total
(Hotel receipt and proof of payment required)				

Transportation: *(Vehicle Request Form must also be submitted if using school vehicle)*

<i>(Check one)</i>			
	School Vehicle and Gas Card.		
OR	IF School Transportation not available:		
		miles @ GSA rate	\$0.725
			Total

Other: *(Fill out this section to be reimbursed for other fees)*

Toll Fees/Parking/Other:	Total
(Receipts and proof of payment required)	

TOTAL REIMBURSEMENT FOR TRAVEL EXPENSES

Employee signature

Date

Supervisor approval

Date

Superintendent/Business Manager approval

Date

*State employees are exempt from the payment of state and local occupancy taxes when traveling on state business within the State of Texas.
Employees must submit a Texas Hotel Occupancy Tax Exemption Certificate to lodging establishments. Employees may not be reimbursed for these taxes.*