KERRVILLE INDEPENDENT SCHOOL DISTRICT
TRAVEL VOUCHER AND REIMBURSEMENT

NAME	***DATE:***
CAMPUS	

DATE	CITY OF EVENT	TITLE OF WORKSHOP/MEETING	MILES	MEALS	OTHER
				$0.00	$0.00
Special Note:	Maximum meal allowance for **overnight** workshop: $7.00 Breakfast $11.00 Lunch $23.00 Supper	**Total Miles**	0		
		Rate	**0.760**		
		Totals	$0.00		

☐ **Attach Google Maps for mileage reimbursement**
☐ **Attach parking receipts if applicable**
☐ **Attach certificate(s)**

I certify that I have traveled to the place(s) listed above for approved business and that any meal costs claimed for reimbursement do not exceed the actual meal costs and do not include any sales tax, gratuities, or any other unauthorized purchases.

Signature _____

Department Approval _____ Total Expense $ _____

Central Office Approval _____

Budget Account _____

Purchase Order# _____