

EAST CENTRAL INDEPENDENT SCHOOL DISTRICT

Request for Travel Reimbursement

Date _____

Name: _____

Campus: _____ Department _____

Purpose of Travel: _____

Dates of Meeting: _____ Meeting Location: _____

TIME: DEPARTURE

Date ____/____/____
 Hour _____ am/pm

RETURN

Date ____/____/____
 Hour _____ am/pm

Total mileage _____ @ .50 per mile \$ _____

Meals (receipts attached) \$ _____

(Must be an Itemized Meal Receipt)

Room (receipts attached) \$ _____

(Must be an Itemized Detailed Hotel Bill)

Other expenses (receipts attached) Explain:

_____ \$ _____

_____ \$ _____

TOTAL EXPENSES \$ _____

I certify that the above expenses are true and correct and were incurred by me in the performance of my official duties.

 Employee's Signature

APPROVED BY:

 Principal or Supervisor

 CFO

Eligible Reimbursement			
Maximum Allowable .50/mile			
Mileage	up to 500 mile		
*Meals	Breakfast	limit \$14.00	Must have Original Receipts
	Lunch	\$19.00	
	Dinner	\$24.00	
State Lodging allowable for that city * There will be no meal reimbursement unless overnight travel is involved.			

Budget Code:

FUND	FUNCT.	OBJECT	ORG.	EXT. CODE

All Overnight Travel must have Request for Overnight Travel Approved Prior to Travel
All Out-of-State Overnight Travel must be Pre-approved by Administrative Council