

BROCK INDEPENDENT SCHOOL DISTRICT
410 EAGLE SPIRIT LANE
BROCK, TX 76087
Request for Reimbursement for Travel and Expenses

NAME _____

DATES COVERED _____

PURPOSE OF MEETING _____

LOCATION OF MEETING _____

TRANSPORTATION:

Round trip mileage (personal vehicle)
_____ miles @ .35 cents \$ _____

Common carrier (attach receipt) \$ _____

HOTEL (attach receipt) (\$85.00 per night maximum or commensurate
with conference hotel) \$ _____

MEALS _____ Breakfast	State Per Diem @ \$7.00	
_____ Lunch	@ \$10.00	
_____ Dinner	@ \$15.00	
	TOTAL MEALS	\$ _____

OTHER (bus, taxi, parking, tip, telephone, etc.) \$ _____

SUBTOTAL \$ _____

LESS ADVANCE \$ _____

TOTAL CLAIM \$ _____

TRAVEL DETAIL ON BACK

RECEIPTS MUST BE ATTACHED FOR PAYMENT

Signature _____

APPROVED BY: _____
Supervisor/Administrator

Date _____ Check No. _____

