

Odem-Edroy ISD Travel Reimbursement Request

Day Trips - Monthly Report

Rev. May 2012

Employee: _____

Mileage Rate \$0.55 per mile.

Example:	Date:	09/13/13	Return Time:	11:30 pm
	Purpose:	Scout FB Game	Mileage:	59 - \$32.45
	Destination :	Bishop, TX	Meals/Other	
	Departure Time:	3:30 pm	Total:	\$46.45

Trip 1	Date:		Return Time:	
	Purpose:		Mileage:	
	Destination :		Meals/Other	
	Departure Time:		Total:	

Trip 2	Date:		Return Time:	
	Purpose:		Mileage:	
	Destination :		Meals/Other	
	Departure Time:		Total:	

Trip 3	Date:		Return Time:	
	Purpose:		Mileage:	
	Destination :		Meals/Other	
	Departure Time:		Total:	

Trip 4	Date:		Return Time:	
	Purpose:		Mileage:	
	Destination :		Meals/Other	
	Departure Time:		Total:	

Trip 5	Date:		Return Time:	
	Purpose:		Mileage:	
	Destination :		Meals/Other	
	Departure Time:		Total:	

Trip 6	Date:		Return Time:	
	Purpose:		Mileage:	
	Destination :		Meals/Other	
	Departure Time:		Total:	
Total for month:				

**Campus/District
Goal - Objective #**

Account Code:

Amount(s)

If trips are for more than one account purpose, indicate in purpose above and place correct amounts for each account code.
 If the trip is to be reimbursed by a **federal program**, indicate the Campus or District Improvement Goal and Objective.
 Please submit to the business office by the 5th day after the end of the month. If the amount exceeds \$100 form may be submitted before the end of the month.

Employee Signature

Supervisor Signature

Business Manager Signature

Superintendent Signature