

QUITMAN INDEPENDENT SCHOOL DISTRICT TRAVEL REQUEST/EXPENSE FORM

PRIOR APPROVAL REQUIRED BEFORE ANY RESERVATIONS MAY BE MADE

Name: _____

Campus/Department: _____

Conference/Function: _____

Location: _____

Departure: _____
(date) (time)

Return: _____
(date) (time)

Account Number(s)

PO Number(s)

MUST ATTACH DOCUMENTATION FOR CONFERENCE/FUNCTION ATTENDED AND REQUESTING REIMBURSEMENT FOR TRAVEL.

ACTUAL EXPENDITURES

REGISTRATION PAID _____

TRANSPORTATION

Mileage: _____ miles @ \$0.545/mile (effective 1/1/18)

**Electronic mapping source (such as that on <http://www.mapquest.com/> or any other online mapping service). Traveler must print out the driving directions provided by the site and attach them to the travel voucher.*

**If a school vehicle is available and you choose to take your own vehicle, you will not be reimbursed mileage.*

Parking Lot Fees _____

Fuel (if using school vehicle) _____

Other Fees _____

Total Transportation: _____

**Must be overnight travel or accompanying students.*

**Must attach itemized meal receipts clearly marked Breakfast/Lunch/Dinner on each receipt.*

**Breakfast - Depart before 6 am ♦ Lunch - Depart before 12 pm ♦ Dinner - Depart before 6 pm*

MEALS

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
Breakfast (\$8)							
Lunch (\$12)							
Dinner (\$16)							
Total Spent							
Total Reimbursement							

Total Meals Reimbursement: _____

LODGING

**Must attach hotel receipt if requesting reimbursement.*

**Maximum of \$109.00 per night without tax.*

Name of Hotel/Motel	Dates	Amount

Total Lodging: _____

Signature of Employee _____ Date _____

Total Travel Expenses: _____

Signature of Principal/Supervisor _____ Date _____

TOTAL REIMBURSEMENT: _____