MABANK INDEPENDENT SCHOOL DISTRICT
TRAVEL CONFIRMATION/REIMBURSEMENT

Persons due reimbursement for travel must complete this expense report in detail
MUST BE COMPLETED WITHIN TWO WEEKS OF RETURN

FROM: _____ TO:_____
Departure Date & Time Return Date & Time

Destination and Purpose for Travel:

STATEMENT OF EXPENSE	ADVANCED AMOUNT	REIMBURSABLE EXPENSES
Registration Fee (Attach Receipt if getting reimbursed) Budget Code:_____ Check Payable To: _____ MAIL Check or HOLD for Employee _____ Date Check Needed: _____ Student information on back **YES NO**		
Hotel / Motel (Attach Receipts) **Confirmation #**_____ # of Nights _____ @ $ _____ = _____ x 1.07 Hotel Tax = $ _____ Budget Code:_____ ** Room Rates not to exceed $100.00/night without prior approval Hotel / Motel Name: _____ Student information on back **YES NO**		
Pre-Approved use of Private Vehicle by _____ **Private Automobile** (indicate Mileage) _____ Miles @ $.555 Budget Code_____ Check Payable To:_____ Date Check Needed: _____ School Vehicle Requested **YES NO**		
Per Diem Meals ***** Meals will only be paid for overnight trips***** _____ $6 _____ $8 _____ $11 = $_____ Budget Code:_____ Check Payable To:_____ Student information on back **YES NO (Student meals $7.00)**		
Other (Detail) Budget Code:_____ Student information on back **YES NO**		
TRAVEL TOTAL		$
LESS ADVANCE		< >
TOTAL REIMBURSEMENT		$

Name_____ Date_____

Signature_____ Approval_____