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

Return Date & Time

_____ TO:_____
Departure Date & Time

FROM: _____

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 \$175.00/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 @ \$.67		
Budget Code		
Check Payable To:	_	
Date Check Needed:		
School Vehicle Requested YES NO		
Per Diem Meals		
*** Meals will only be paid for overnight trips***		
\$13\$15\$26 = \$		
Budget Code: Check Payable To:		
Student information on back YES NO (Student meals \$10.00)	-	
Other (Detail)		
Budget Code:		
Student information on back YES NO		
TRAVEL TOTAL		\$
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LESS ADVANCE		< >
LEGO AD VANGE		
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TOTAL REIMBURSEMENT		\$
Name	Date	
Signature	Approval	
Signature	Αγριοναί	