

**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
<b>Registration Fee</b> (Attach Receipt if getting reimbursed) Budget Code: _____ Check Payable To: _____ MAIL Check or HOLD for Employee _____ Date Check Needed: _____ Student information on back <b>YES NO</b>		
<b>Hotel / Motel</b> (Attach Receipts) <b>Confirmation #</b> _____ # 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 <b>YES NO</b>		
<b>Pre-Approved use of Private Vehicle by</b> _____ <b>Private Automobile</b> (indicate Mileage) _____ Miles @ \$.655 Budget Code _____ Check Payable To: _____ Date Check Needed: _____ School Vehicle Requested <b>YES NO</b>		
<b>Per Diem Meals</b> <b>*** Meals will only be paid for overnight trips***</b> _____ \$13 _____ \$15 _____ \$26 = \$ _____ Budget Code: _____ Check Payable To: _____ Student information on back <b>YES NO (Student meals \$10.00)</b>		
<b>Other</b> (Detail) Budget Code: _____ Student information on back <b>YES NO</b>		
<b>TRAVEL TOTAL</b>		\$
<b>LESS ADVANCE</b>		< >
<b>TOTAL REIMBURSEMENT</b>		\$

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Approval \_\_\_\_\_