## 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:\_\_\_\_\_

Return Date & Time

## Destination and Purpose for Travel:

Departure Date & Time

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 @ \$.70		
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:		
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<b>Other</b> (Detail) Budget Code:		
Student information on back YES NO		
TRAVEL TOTAL		\$
		Ψ
LESS ADVANCE		< >
TOTAL REIMBURSEMENT		\$
		Ψ

Name	Date
Signature	_Approval