

SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT

Reimbursement

Employee: \_\_\_\_\_ ID#: \_\_\_\_\_ Campus: \_\_\_\_\_ Request Date: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_  
(Show name of conference, workshop, etc)

Destination: \_\_\_\_\_  
(Location of the above)

Travel Dates	Attendance Date	Travel Time
From: _____ Mo. Day Yr.	_____ Mo. Day Yr.	Departure: _____ a.m. _____ p.m.
To: _____ Mo. Day Yr.	_____ Mo. Day Yr.	Return: _____ a.m. _____ p.m.

Transportation: Private \_\_\_\_\_; Commercial: \_\_\_\_\_ \$ \_\_\_\_\_  
Total Miles Air-Bus

Registration Fee: . . . . . \$ \_\_\_\_\_

Official Telephone Calls: \_\_\_\_\_ \$ \_\_\_\_\_  
(List on back, person(s) /reason)

Other: \_\_\_\_\_ \$ \_\_\_\_\_  
(Taxi fare, car rental, parking, etc.)

\_\_\_\_\_ \$ \_\_\_\_\_

Lodging . . . . . \$ \_\_\_\_\_

Meals: Day 1 Day 2 Day 3 Day 4 Day 5

Actual Expense \_\_\_\_\_ \$ \_\_\_\_\_

Reimbursable Amount \_\_\_\_\_ \$ \_\_\_\_\_

**(Gratuities are not reimbursed) TOTAL EXPENSE** \$ \_\_\_\_\_

**\*\*\*TURN IN RECEIPTS\*\*\* LESS ADVANCE** \$ \_\_\_\_\_

**\*IMMEDIATELY TO BUS. OFC\* TOTAL DUE TO EMPLOYEE** \$ \_\_\_\_\_

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This is to certify that I, the undersigned, incurred the expenses claimed above based on the actual costs while traveling. This claim is made in accordance with District Policies and Administrative Procedures. I understand that if the expenses claimed above were not actually incurred while traveling, that I will be subject to appropriate discipline action and any other penalty provided by law.

Traveler's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_