

GRAND SALINE INDEPENDENT SCHOOL DISTRICT TRAVEL REQUEST & REIMBURSEMENT FORM

Complete the top section of this form and submit for approval at least two weeks before your travel. Please attach the hotel information along with the amount of your stay, state tax exempt.

Name of Employee _____ Dates of Travel _____

Reason for Travel _____ Location of Travel _____

Complete Estimated Expenses Before the Trip

\$ _____ Mileage (Number of miles _____ X .625 per mile = \$ _____) If a school vehicle is available, you will not be reimbursed mileage or fuel.

\$ _____ Meals: \$ 6.00 Breakfast
\$ 9.00 Lunch
\$15.00 Dinner

\$ _____ Hotel (You must submit a quote from the hotel, state tax exempt, for proper payment. Allowable rates vary depending on location. You must obtain a tax exempt form before leaving.)

\$ _____ Fee (Cost for seminar, conference, etc.)

\$ _____ Parking (Receipts must be submitted for reimbursement.)

\$ _____ Other (Please give details of expense _____)

\$ _____ Total Estimated Expense

Charge to this budget code _____

Supervisor Approval _____ Business Office Approval _____