SALTILLO ISD TRAVEL EXPENSES/REIMBURSEMENT 2017-2018

TODAY'S DATE: _____

NAME: _____

PURPOSE: _____

NOTE: Per diem requests are due to the business office 2 weeks prior to travel date. It will be required that any request for reimbursement be filed with the office within 30 days of time expenses occurred. Meals will only be paid with an overnight stay.

TRAVEL & EXPENSES INFORMATION

_____ DESTINATION _____

DATE OF TRAVEL: $ _____

REGISTRATION FEE: $ -

PERSONAL AUTO _____ ____round trip $ _____

_____ per person (attach receipt) $ -

_____ nights @ _____ MILEAGE: miles @0.535 /mile

AIRLINE TRAVEL: ____one way

HOTEL/MOTEL:per night

Note: For current hotel rates please refer to:
fmx.cpa.texas.gov/fmx/travel/textravel/rates/current.php

MEAL PER DIEM: Only for meals with an overnight stay

Full day _____ meals: $46

$ - _____

Departure/Return Day Meals: Breakfast (Leave before 6am or return after 9am)$11 _____ $ -

Lunch (Leave before 11am or return after 1pm)$15 _____ $ -

Dinner (Leave before 5pm or return after 7pm)$20 $ -

OTHER SCHOOL REIMBURSEMENTS:

DESCRIPTION:

_____ _____

_____ $ _____

TOTALS: _____

$ - _____

LESS ANY FUNDS ADVANCED $ -

REIMBURSEMENT TOTAL OWED:

I certify that all funds have been used for the purpose of school business.

Signature of person claiming reimbursement: _____

Approval by Administrator: _____

revised 9/5/2017

Day of Month	Time Lv. Hr. – Min.	Time Arr. Hr. – Min.	Location Visited	People Contacted	Official Duties Performed	Miles