

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 MILEAGE: \_\_\_\_\_ miles @ 0.535 /mile \$ \_\_\_\_\_ -

AIRLINE TRAVEL: \_\_\_\_\_ per person \_\_\_\_\_ one way \_\_\_\_\_ round trip \$ \_\_\_\_\_

HOTEL/MOTEL: \_\_\_\_\_ nights @ \_\_\_\_\_ per night (attach receipt) \$ \_\_\_\_\_ -

Note: For current hotel rates please refer to:  
[fmx.cpa.texas.gov/fmx/travel/texttravel/rates/current.php](http://fmx.cpa.texas.gov/fmx/travel/texttravel/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: \_\_\_\_\_