

West Independent School District Travel Reimbursement Request

Faculty or Staff Member Name

Date

Destination

Departure Date

Time

Purchase Order Number

Return Date

Time

Purpose of Trip (Conference, Workshop, Etc.)

Budget Code

EXPENSES

ESTIMATE

***Meals: Maximum of \$36 per day aggregate**

_____	Breakfasts @ \$10.00	\$ _____
_____	Lunches @ \$12.00	\$ _____
_____	Dinners @ \$14.00	\$ _____
	Total Meals	\$ _____

***Lodging: No State Sales Tax Paid**

_____	Number of nights	\$ _____
	Total Lodging	\$ _____

Transportation

_____	miles @ \$.405 per mile	\$ _____
_____	*Airfare	\$ _____
_____	*Taxi, Parking, Tolls, Tips	\$ _____
_____	*Car Rental	\$ _____
	Total Trans.	\$ _____

Other Expenses

_____	Registration	\$ _____
_____	*Other (itemize)	\$ _____
	Total Other	\$ _____

Grand Total \$ _____

Actual-Receipts Attached	
	\$ _____
	\$ _____
	\$ _____
Total Meals	\$ _____
	\$ _____
Total Lodging	\$ _____
	\$ _____
	\$ _____
	\$ _____
Total Trans.	\$ _____
	\$ _____
	\$ _____
Total Other	\$ _____
	\$ _____
Grand Total	\$ _____

Faculty or Staff Signature

Approved by Principal or Supervisor

Business Office Approval

Date of Approval

For purchase order, submit to the business office before the trip with estimated costs

For reimbursement, submit a copy to the business office with receipts attached with the request

***RECEIPTS REQUIRED FOR REIMBURSEMENTS. DETAILED RECEIPTS ARE REQUIRED. A CREDIT CARD RECEIPT IS ONLY ACCEPTABLE FOR TIPS.**

There is a limit of \$85.00 per day for Federal and State funds for lodging. This is per person per room. Any additional will be paid from local funds.