



Center Independent School District REQUEST FOR TRAVEL REIMBURSEMENT

TRAVEL REIMBURSEMENT FOR: _____ CAMPUS _____
(Employee Name)

Date(s) of Trip: _____ to _____

Conference/Seminar/Workshop Title: _____

Destination (City & State): _____

MILEAGE: State reimbursement rate is .58 per mile.
(Please attach a MapQuest form indicating mileage and route taken.)

Miles _____ X .58/mile \$ _____

Parking (attach receipts) \$ _____ **Total mileage & parking \$** _____

Hotel Expenses _____ nights (attach receipts from hotel) **Total Hotel Expenses** \$ _____

**ATTACH MEAL RECEIPTS AND RETURN TO THE BUSINESS OFFICE FOR
REIMBURSEMENT. State reimbursement rate is \$55 per day.**

- Employee must attach the **original** meal receipt.
- All original receipts **must** document the actual cost. The traveler may not input or alter the dollar amount or any information on the original receipt.
- **No** alcoholic beverages can be listed on receipts turned in.
- The meal receipt should contain the following information:
 1. Name of the provider (restaurant, etc.) with either full address or area code and telephone number.
 2. Date of service.

If the receipt provided by the restaurant does not include the above information, the traveler must include this information in an attachment to the receipt.

Note: If you buy for everyone; you will only be reimbursed the daily reimbursement rate.

MEAL REIMBURSEMENT (overnight trips only)

Date	Breakfast	Lunch	Dinner	Total
_____	_____	+ _____	+ _____	= _____
_____	_____	+ _____	+ _____	= _____
_____	_____	+ _____	+ _____	= _____
_____	_____	+ _____	+ _____	= _____
_____	_____	+ _____	+ _____	= _____

Total Meal Reimbursement \$ _____

TOTAL EXPENSES FOR TRIP \$ _____

Signature

Date