



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 .76 per mile.
(Please attach a **MapQuest** form indicating mileage and route taken.)

Miles _____ X .76/ \$ _____

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 \$68 per

day. Employee must attach the **original** (itemized - description, count, cost of each item) meal receipt. **NOT** the payment verification (credit/debit card) 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