

SALTILLO ISD
TRAVEL EXPENSES/REIMBURSEMENT
2019-2020

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 @ 0.58 /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

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: _____

