

McLEAN INDEPENDENT SCHOOL DISTRICT

TRAVEL REIMBURSEMENT REQUEST

ALL REQUESTS FOR REIMBURSEMENT MUST BE ACCOMPANIED BY RECEIPTS

Name _____ Dates of Travel _____

Destination _____ Purpose of Trip _____

Registration Fee \$ _____

Lodging:

\$85.00/day maximum without prior approval to exceed. Attach receipts.

Number of Days/Nights _____ Total receipts \$ _____

Meals:

Travel of at least four hours. Attach meal receipts.

of Breakfasts _____ Total Cost \$ _____ (\$ 8.00 ea maximum)

of Lunches _____ Total Cost \$ _____ (\$13.00 ea maximum)

of Dinners _____ Total Cost \$ _____ (\$15.00 ea maximum)

Total Meals \$ _____

Mileage:

Total Miles _____

_____ miles @ \$.54 per mile TOTAL \$ _____

Attach receipts for the following:

Gas Receipts \$ _____ Cab Fare \$ _____ Rental Car \$ _____

Parking \$ _____ Other \$ _____

Explain Other: _____

TOTAL REQUEST \$ _____

Signature Date

PLEASE ATTACH TO PURCHASE ORDER BEFORE SUBMISSION