

## JISD REQUEST FOR TRAVEL REIMBURSEMENT

**Employee Name:** \_\_\_\_\_  
**Date of Trip:** \_\_\_\_\_  
**Purpose of Trip:** \_\_\_\_\_  
**Department/Campus:** \_\_\_\_\_  
**Budget Code:** \_\_\_\_\_



### Estimated Expenses:

Mileage (personal vehicle)	_____ miles @ .58 per mile	\$
Plane, Bus, Train, Taxi, Car, Parking	Receipt required	\$
Lodging	_____ nights @ _____ per night	\$
Meals, Per Diem {\$59 per day} or {Breakfast \$14, Lunch \$18, Dinner \$27}	_____ days @ per diem rate or calculate partial per diem	\$
Other Expenses	Explain:	\$
<b>Total Estimated Expenses</b>		\$

**PLEASE NOTE THAT APPROVAL IS REQUIRED BEFORE TRAVEL**

\_\_\_\_\_  
Supervisor/Department/Campus Approval

\_\_\_\_\_  
Date

### Actual Expenses:

Mileage (personal vehicle)	_____ miles @ .58 per mile	\$
Starting odometer: _____	Ending odometer: _____	\$
Plane, Bus, Train, Taxi, Car, Parking	Receipt required	\$
Lodging	_____ nights @ _____ per night	\$
Meals, Per Diem, \$55 per day or (Breakfast \$13, Lunch \$17, Dinner \$25)	_____ days @ per diem rate or calculate partial per diem	\$
Other Expenses	Explain:	\$
<b>Total Actual Expenses</b>		\$
<b>Subtract Amount Previously Advanced (if applicable)</b>		\$
<b>Balance Due to (check one) ___ Employee ___ JISD</b>		\$

I hereby certify that the above claimed expenses are true and correct.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Central Office Approval

\_\_\_\_\_  
Date