For Questions Call

Luggage:

\$

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\$

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\$

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McAllen Independent School District Travel Advance Reimbursement Requisition

Form #

N						D-EMPLO	Ύ	(first initial la	ist name date of travel)	
Name: Purpose of Trip: Departure Date: Return Date:					Departure Time:					
Per Diem								ally established rate		
	Employee				Notes:			ADVANCE (+)	ACTUAL	REIMBURSE- MENT /TOTAL (=)
	Travel Days		/leals		-Travel Days	# Meals	Amount	\$	\$	\$
Breakfast	\$	\$		\$						
Lunch	\$			\$						
Supper	\$			\$						
Meals –	Student T	ravel	Only	7:	Notes:					
	one; \$8 outside	region o	ne)			lay out of state)				
# of Meals				of ndees		Total \$ per# ofAttendeeAttendees				
Student:					Stude					
\$					\$					
Employee:					oyee:					
\$ Non-Employee:			\$ Non		Employee:					
Non-Employee:					-Employee.					
\$					\$					
Registra	ation							Notes:		
	udent(s)			Empl	oyee(s)	Non-E	mployee(s)			
Φ	# Participants/									
\$	\$ teams/groups		\$		#	\$	#			
Hotel Maxim determined	ame: num will be deter	nined by	y Federa	al Rate	schedule (plus a	llowable taxes) o	r will be locally			
Room Rate			(D		" CNT 1.	Notes:				
including Tax Student:		#	# of Rooms # o		# of Nights					
Employee:										
Non-Employee:										
Air Tra	vel:				Notes:					
<u>Flight:</u>										
Stu		Employee(s)			Non-Employees(s)					
\$ #			\$ +		#	\$ #				

For Questions Call

McAllen Independent School District Travel Advance Reimbursement Requisition MISD-EMPLOYEES ONLY

Form # (first initial last name date of travel)

Notes:			ADVANCE	ACTUAL	REIMBURSE- MENT /TOTAL (=)
Car Rental:			(+)		(-)
Vehicles must be filled up with gasoline prior to a individual who rented the vehicle will reimburse					
	# of Vehicles Ori				
Mileage:	Ailes X Cen	its			
Other Itemized Expens	es (Original receipts a				
Notes:		Total	\$	\$	\$
Signature of Employee Travel should be finalized and sub		Employee Position/Title			
Administrator Approva	al	_			
ELT Approval		Date	_		
		For Accounting Use Only			
P.O. #	Vendor Name	Amount Paid	Check	#	Invoice

ACCOUNTING EXT.