

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

For Questions Call _____

Form # _____
(first initial last name date of travel)

Name: _____
Purpose of Trip: _____
Departure Date: _____
Return Date: _____

Trip Location: _____
Departure Time: _____
Return Time: _____

Per Diem Meal allowance will be determined by the Federal Rate Schedule or by locally established rates

Notes:						ADVANCE (+)	ACTUAL (-)	REIMBURSEMENT /TOTAL (=)
Meals - Employee Travel Only:						\$	\$	\$
	Travel Days	# Meals	Non-Travel Days	# Meals	Amount			
Breakfast	\$		\$					
Lunch	\$		\$					
Supper	\$		\$					

Notes:								
Meals - Student Travel Only:								
(\$7 in region one; \$8 outside region one)			(\$50/day out of state)					
	# of Meals	# of Attendees	Total \$ per Attendee	# of Attendees				
Student:			Student:					
\$			\$					
Employee:			Employee:					
\$			\$					
Non-Employee:			Non-Employee:					
\$			\$					

Notes:								
Registration:								
Student(s)		Employee(s)		Non-Employee(s)				
\$	# Participants/teams/groups	\$	#	\$	#			

Notes:								
Hotel Name: _____								
Hotel maximum will be determined by Federal Rate schedule (plus allowable taxes) or will be locally determined								
Room Rate including Tax	# of Rooms	# of Nights	Notes:					
Student:								
Employee:								
Non-Employee:								

Notes:								
Air Travel: _____								
Flight:								
Student(s)		Employee(s)		Non-Employees(s)				
\$	#	\$	#	\$	#			
Luggage:								
\$	#	\$	#	\$	#			

