



FORT DAVIS INDEPENDENT SCHOOL DISTRICT

REQUEST FOR NON-OVERNIGHT EXPENSE REIMBURSEMENT

This request should be submitted to the Business Office on or before the 15th day of the Month. Payment will be made after the following Board Meeting.

(Meal Tickets must be attached to this form)

Name _____ Dept. _____ Month _____

DATES	DESTINATION	PURPOSE	MEAL REIMBURSEMENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL REIMBURSEMENT \$ _____

I understand that this reimbursement is subject to FICA and withholding taxes.

Signature

Date

APPROVED BY: _____

DATE: _____