

BIG SANDY ISD OUT OF DISTRICT TRAVEL EXPENSE

(To be submitted upon return)

Pay to: _____ **Purpose: _____

Departed: _____
Date Time****Attach brochure or
documentation related to the event
you attended.**Returned: _____
Date Time

Statement of Expenses	Hotel Expense	Meal & Other	Total Expenses
Registration Fee (attach registration form)			
Lodging (amount must include city and local taxes) Name of Hotel and Address:			
Mileage (Google Maps)(attach) _____ miles X \$0.54 per mile (Round Trip)			
Airfare (attach receipt)			
Parking (attach receipt)			
Vehicle Rental			
Other (specify & attach receipts)			
Meals: Employees / Sponsors* Breakfast \$8.00 x _____ Lunch \$10.00 x _____ Dinner \$18.00 x _____			
Meals: Students * Breakfast \$5.00 x _____ Lunch \$7.00 x _____ Dinner \$8.00 x _____ Please attach a list of the students names that are attending			
TOTAL			

* To qualify for **breakfast** the claimant must **depart by 7:00 a.m. and return after 7:00 a.m.**; for **lunch** the claimant must **depart by 11:00 a.m. and return after 2:00 p.m.**; and for **dinner** the claimant must **depart by 4:00 p.m. and return after 6:00 p.m.** Any overnight travel qualifies for per diem reimbursement.

The travel reimbursement requested above is true and correct according to my best knowledge and belief and is in compliance with the Big Sandy ISD travel policy. A PO must be submitted for travel.

The State of Texas: County of Upshur. I do solemnly confirm that the expense account above totaling is true correct and has been paid by me. If an amount is requested for per diem meals, the requested amount must be equal to or less than actual costs spent on meals.

Signature of Claimant_____
Budget Code_____
Approved by:_____
Business Office Approval