BIG SANDY INDEPENDENT SCHOOL DISTRICT EMPLOYEE TRAVEL EXPENSE SUMMARY

Person/Pay To:							
Name	Campus/Department						
Event			Destination City				
	Dates and Times			You must attach a Google Map to be			
Departure	Date:	Time:	reimbursed for mil			ursed for mile	eage
Return	Date:	Time:					
Bugdet codes required for reimbursement:			MEALS/PER DIEM				
ACCOUNT NUMBER(S) AMOUNT		Meals are reimbursed at a maximum of \$59 per day. If you depart after 7 am, breakfast is not eligible for reimbursement. If you return before 7 pm, dinner is not eligible for reimbursement. Meals allowances are only provided for overnight trips.					
				ENTER AMOUNT OF EACH MEAL			
				Breakfast	Lunch	Dinner	AMOUNTS
			Day 1				
			Day 2				
			Day 3				
			Day 4				
			Day 5				
			Day 6				
			Day 7				
PERSONAL TRANSPORTATION			TOTALS				
Current BSISD reimb	ACTUAL MILEAGE						
LODGING EXPENSES - Paid to Citibank (Receipts Required)			BSISD will not pay for state taxes				
OTHER EXPENSES							
		x Exemption certificat					
		st be presented at hot					147
sales tax wheth	er charged	I to the room or by a t ** State		Be sure to prese NOT be reimburs		x exemption f	orm as needed.
Request Submitted By: (Employee Signature) Date				Employee signature certifies the amount for meal			
upt./Asst. Supt./Principal/Director Approval Date				reimburse day) is			
usiness Office Approval Date				day) is the amount spent. Requested Reimbursement			