

BROCK INDEPENDENT SCHOOL DISTRICT  
410 EAGLE SPIRIT LANE  
BROCK, TX 76087  
Request for Reimbursement for Travel and Expenses

NAME \_\_\_\_\_

DATES COVERED \_\_\_\_\_

PURPOSE OF MEETING \_\_\_\_\_

LOCATION OF MEETING \_\_\_\_\_

TRANSPORTATION:

Round trip mileage (personal vehicle)  
\_\_\_\_\_ miles @ .44 cents \$ \_\_\_\_\_

Common carrier (attach receipt) \$ \_\_\_\_\_

HOTEL (attach receipt) (\$85.00 per night maximum or commensurate  
with conference hotel) \$ \_\_\_\_\_

	State Per Diem	
MEALS _____ Breakfast	@ \$7.00	
_____ Lunch	@ \$10.00	
_____ Dinner	@ \$15.00	
	TOTAL MEALS	\$ _____

OTHER (bus, taxi, parking, tip, telephone, etc.) \$ \_\_\_\_\_

SUBTOTAL \$ \_\_\_\_\_

LESS ADVANCE \$ \_\_\_\_\_

TOTAL CLAIM \$ \_\_\_\_\_

TRAVEL DETAIL ON BACK

RECEIPTS MUST BE ATTACHED FOR PAYMENT

Signature \_\_\_\_\_

APPROVED BY: \_\_\_\_\_  
Supervisor/Administrator

Date \_\_\_\_\_ Check No. \_\_\_\_\_

