

LINDSAY INDEPENDENT SCHOOL DISTRICT

495 6th Street
P. O. Box 145
Lindsay, TX 76250
Fax: 940.668.2662

2016-2017

Pre-Travel Reimbursement Request

Employee _____ Destination _____

Departure Date _____ Time _____ Return Date _____ Time _____

Purpose of Trip (conference, workshop, etc.) _____

EXPENSES:

Meals: *(Reimburse for overnight travel only)*

_____ Breakfasts (leave be 7AM) @ \$8.00 \$ _____
_____ Lunches (leave before 12 PM) @\$10.00 \$ _____
_____ Dinners (leave by 5 PM) @\$14.00 \$ _____
Total Meals: \$ _____

Transportation: *(Only if school vehicles are not available)*

_____ Miles @ \$0.375 per mile \$ _____
_____ Public Transportation \$ _____
(i.e. parking @ event)
Total Transportation: \$ _____

TOTAL EXPENSES: \$ _____

Employee Signature _____ Date _____

Manager or Superintendent Approval _____ Date _____

This must be attached to PO & PO submitted.
If requesting mileage, Google maps must be attached.