LINDSAY INDEPENDENT SCHOOL DISTRICT

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

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.