

**LINDSAY INDEPENDENT SCHOOL DISTRICT**

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

**2016-17  
 Travel/Purchase Reimbursement**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Purpose of Trip \_\_\_\_\_

**ITEMIZED EXPENSES**

DATE	PURCHASES	MEALS	MILEAGE			OTHER	DESCRIPTION	TOTAL
			NO. MILES	@ RATE	TOTAL			
				.375				
				.375				
				.375				
				.375				
				.375				
				.375				
				.375				
<b>TOTAL</b>								

**ACTUAL EXPENSES (ATTACH ALL RECEIPTS)**

Total Expenses \_\_\_\_\_  
 Due Undersigned \$ \_\_\_\_\_

I certify that the above is a true statement of expense incurred on approved travel in the interest of the school district.

Office Use Only	
Account Code	Amount
_____	_____
_____	_____
_____	_____

Signature \_\_\_\_\_

Date \_\_\_\_\_

Approval \_\_\_\_\_

Date \_\_\_\_\_

Superintendent \_\_\_\_\_

Date \_\_\_\_\_

**This must be attached to PO and then PO must be submitted. Attach all receipts. Attach GOOGLE MAPS for mileage reimbursement.**