

# HONEY GROVE ISD EMPLOYEE TRAVEL

NAME \_\_\_\_\_ CAMPUS \_\_\_\_\_

MONTH \_\_\_\_\_

DATE	DESTINATION	TIME LEFT	TIME OF RETURN	MEALS B/L/D	MILES	OTHER (RECEIPTS)
<b>TOTALS</b>						
<b>Meals Reimbursement (Breakfast=\$7, Lunch=\$12, Dinner=\$15)</b>						
<b>Mileage Reimbursement (@ .45 per mile)</b>						
<b>Other Reimbursement</b>						
<b>Total Amount</b>						

\_\_\_\_\_  
Employee Signature /Date

\_\_\_\_\_  
Supervisor Signature/Date

\_\_\_\_\_  
Business Office Signature/Date

\_\_\_\_\_  
Budget Code