PRESIDIO ISD
TRAVEL VOUCHER / TRAVEL REQUEST
OVERNIGHT

Staff Member: _____ Date: _____

Address: _____ City/State/ZipCode: _____

Departure Date/Time: _____ Return Date/Time: _____

Destination: _____

Purpose of Trip: _____

Estimated Travel Expenses

_____	Breakfast @ $10.00 (You must leave before 6 a.m.)	$ _____ 0.00
_____	Lunch @ $20.00 (You must leave before 12 p.m.)	$ _____ 0.00
_____	Dinner @ $ 25.00 (You must return after 7 p.m.)	$ _____ 0.00
_____	Nights Lodging @ 94.00 per night	$ _____ 0.00
_____	Miles 0.545 per mile	$ _____ 0.00
_____	Flight Tickets	$ _____ 0.00
_____	Days parking @ $ _____ per day	$ _____ 0.00
_____	Registration Fees	$ _____ 0.00
_____	Other Expenses -- Details: _____	$ _____ 0.00

TOTAL REQUESTED: $ _____ 0.00

Requested by: _____ Date: _____

Principal/Supervisor: _____ Date: _____

Superintendent: _____ Date: _____

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Actual Reimbursement Amount

ALL Receipts are required and must be attached for reimbursement. Requests for reimbursement must be submitted it the Presidio ISD Business Office within 10 days of the return date.

Actual Departure Date/Time: _____

Actual Return Date/Time: _____

Meals:	$ _____	
Lodging:	$ _____	(Actual expenses approved by Supervisor. Please use tax exempt form.)
Mileage:	$ _____	
Car Rental:	$ _____	
Taxi/Airfare:	$ _____	
Registration:	$ _____	(Detailed explanation/receipts)
Other:	$ _____	
TOTAL	$ _____	

Signature: _____ Date: _____

Approval: _____ Date: _____

Charge to Account: # _____

I attest I have attended this training, on the above date(s), and all travel expenses are true and accurate as stated.

Signature: _____