BEEVILLE INDEPENDENT SCHOOL DISTRICT
TRAVEL REIMBURSEMENT VOUCHER
(Submit to Finance Office)

Employees Attending Meeting _____

Place of Meeting _____
Building & City

Purpose of Meeting _____
Attach session details (ie registration, agenda, etc.) to include name and description

Date(s) of Meeting _____

Departure Date & Time: _____ **Return Date & Time:** _____

ITEMIZED EXPENSES

Roundtrip Travel Miles _____ @ .54 per mile **$** _____

Meals (Per diem on overnight trips only)

_____ qty Breakfast(es) @ _____ **$** _____

_____ qty Lunch(es) @ _____ **$** _____

_____ qty Dinner(s) @ _____ **$** _____

Hotel Accommodations **$** _____

Miscellaneous **$** _____

Tally Area	Breakfast	Lunch	Dinner
Day 1			
Day 2			
Day 3			
Day 4			
Day 5			
Day 6			

Total Expenses: **$** _____

Less Advance: **$<** **>**

Ref Check# _____

Amount Due to Employee **$** _____

Amount Returned to BISD **$** _____

BUDGET CODE: _____

_____ Requestor's Signature

_____ Supervisor's Signature

_____ Director of Finance Signature

ALL PER DIEM WAS EXPENDED: _____
(Signature required if all funds were expended.)

Office Use Only: ☐ MapQuest ☐ GSA Rates ☐ Registration ☐ Signatures ☐ Ready to File

Revised 02/03/2016