



PARIS INDEPENDENT SCHOOL DISTRICT

**Instructions:**

If a meal is provided by the hotel or conference, please enter the word "provided" in the Actual box for the appropriate day.

Enter the total amount to be reimbursed in the Approved box.

No more than the total allotted for the day can be reimbursed for that day.

Fill out form and print to sign. No digital signatures and no stamps.

Form MUST be signed by both the traveler and the supervisor.

**TRAVEL EXPENSE VOUCHER**

NAME/EMPLOYEE # \_\_\_\_\_

DESTINATION \_\_\_\_\_

PURPOSE OF TRIP \_\_\_\_\_

OVERNIGHT TRIP? ☐ Yes ☐ No (Meals for non-overnight travel are taxable & will appear on W-2)

DATES FROM: \_\_\_\_\_ DEPARTURE TIME \_\_\_\_\_

TO: \_\_\_\_\_ RETURN TIME: \_\_\_\_\_

PERSONAL MILEAGE \_\_\_\_\_ @ \_\_\_\_\_ Cents/Mile \_\_\_\_\_

MEAL ALLOWANCE: DAY

*Per TEA guidelines, trips of less than 6 hours do not qualify for a meal.*

In-state: \$46.00 (\$8/breakfast, \$15/lunch, \$23/dinner)

Out-of-state: Locality Rate

Date	Breakfast		Lunch		Dinner		Total		Approved Total	Comments
	Allotted	Actual	Allotted	Actual	Allotted	Actual	Allotted	Actual		

	Allotted	Actual	Approved
TOTAL MEAL ALLOWANCE \$			

LODGING: \_\_\_\_\_ DAYS @ \_\_\_\_\_ AMOUNT \_\_\_\_\_

OTHER REIMBURSEMENTS: \_\_\_\_\_ AMOUNT \_\_\_\_\_

	Allotted	Actual	Approved
TOTAL OF CLAIM \$			

SIGNATURE OF TRAVELER \_\_\_\_\_

SIGNATURE OF SUPERVISOR \_\_\_\_\_

CODE \_\_\_\_\_

STATE & FED EXCESS TRAVEL CODE \_\_\_\_\_

Note: All receipts must be attached.