

**MABANK INDEPENDENT SCHOOL DISTRICT
TRAVEL CONFIRMATION/REIMBURSEMENT**

Persons due reimbursement for travel must complete this expense report in detail
MUST BE COMPLETED WITHIN TWO WEEKS OF RETURN

FROM: _____ TO: _____
Departure Date & Time Return Date & Time

Destination and Purpose for Travel:

STATEMENT OF EXPENSE	ADVANCED AMOUNT	REIMBURSABLE EXPENSES
Registration Fee (Attach Receipt if getting reimbursed) Budget Code: _____ Check Payable To: _____ MAIL Check or HOLD for Employee _____ Date Check Needed: _____ Student information on back YES NO		
Hotel / Motel (Attach Receipts) Confirmation # _____ # of Nights _____ @ \$ _____ = _____ x 1.07 Hotel Tax = \$ _____ Budget Code: _____ ** Room Rates not to exceed \$100.00/night without prior approval Hotel / Motel Name: _____ Student information on back YES NO		
Pre-Approved use of Private Vehicle by _____ Private Automobile (indicate Mileage) _____ Miles @ \$.54 Budget Code _____ Check Payable To: _____ Date Check Needed: _____ School Vehicle Requested YES NO		
Per Diem Meals *** Meals will only be paid for overnight trips*** _____ \$6 _____ \$8 _____ \$11 = \$ _____ Budget Code: _____ Check Payable To: _____ Student information on back YES NO (Student meals \$7.00)		
Other (Detail) Budget Code: _____ Student information on back YES NO		
TRAVEL TOTAL		\$
LESS ADVANCE		< >
TOTAL REIMBURSEMENT		\$

Name _____ Date _____

Signature _____ Approval _____