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| gBIGredwht | GAINESVILLE INDEPENDENT SCHOOL DISTRICT 800 S. Morris Street 940.665.0255  Gainesville, Texas 76240 Fax: 940.668.0354  www.gainesvilleisd.org |
|  |  |

**Staff - Travel Reimbursement Request**

**Employee Destination/City**

**Departure Date Time Return Date Time**

**Name and Purpose of Trip (conference, workshop, etc.)** *attach descriptive documentation*

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| --- | --- | --- | --- |
| **Meals: *overnight travel only*** | **Quantity** | **Rate** | **Total** |
| **Breakfasts**  **Leave before 6 am** |  | **@ $6.00** |  |
| **Lunches**  **Leave before 11 am – Return after 2 pm** |  | **@ $8.00** |  |
| **Dinners**  **Leave before 5 pm – Return after 8pm** |  | **@ $13.00** |  |
|  |  |  |  |
| **Transportation: *receipts required*** |  |  |  |
| **Miles** |  | **@0.655** |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Other Expenses: *receipts required*** |  |  |  |
| **Fuel, parking, etc.** |  |  |  |
|  |  |  |  |

**TOTAL EXPENSES: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Signature Date Campus Approval Date**

**Final Approval Date Account Code (campus please provide)**

**All travel must be PREAPPROVED. Submit to the business office for payment. Receipts will be submitted before payment will be issued.** Receipts must be turned in to the business office within 5 business days. Mileage is paid from assigned campus to destination.