

MINEOLA INDEPENDENT SCHOOL DISTRICT

TRAVEL EXPENSES CLAIM FORM

Name \_\_\_\_\_ Date: \_\_\_\_\_

Campus \_\_\_\_\_ Dept. \_\_\_\_\_ Destination \_\_\_\_\_

Purpose of Travel \_\_\_\_\_

Meals (Attach receipts to form)

Breakfast \$ \_\_\_\_\_ Max Paid \$7.50 \$ \_\_\_\_\_

Lunch \$ \_\_\_\_\_ Max Paid \$10.00 \$ \_\_\_\_\_

Dinner \$ \_\_\_\_\_ Max Paid \$15.00 \$ \_\_\_\_\_

Fees/Dues \$ \_\_\_\_\_

Hotel (Maximum \$85.00 per night including city tax) \$ \_\_\_\_\_

Bus Driving \$ \_\_\_\_\_ @ \$15.00 per trip \$ \_\_\_\_\_

Mileage # of miles \_\_\_\_\_ x \$0.53 per mile \$ \_\_\_\_\_

**All travel expenses must be pre-approved before reimbursement will be made.**

**Total Expense Claimed** \$ \_\_\_\_\_

Charge to Budget Account # \_\_\_\_\_

Submitted By \_\_\_\_\_ Date \_\_\_\_\_ Principal \_\_\_\_\_ Date \_\_\_\_\_

Asst. Supt of Business \_\_\_\_\_ Date \_\_\_\_\_ Superintendent \_\_\_\_\_ Date \_\_\_\_\_

**APPROVED FOR PAYMENT** \_\_\_\_\_ **DATE** \_\_\_\_\_

*Claims for unapproved expenses **WILL NOT** be paid. It is the employee's responsibility to acquire appropriate tax-exempt forms. Paid state sales tax will not be reimbursed.*