

## SPRING CREEK INDEPENDENT SCHOOL DISTRICT

OVERNIGHT TRAVEL REIMBURSEMENT FORM

Employee Name:		Date(s) of Travel:	
Workshop/Conference/Meeting:*Attach a Workshop/Conference/Meeting Agenda			
LODGING	Hotel Confirmation and/or ITEMIZED Receipt Must Be Attached  X X S = TOTAL COST  # of Nights # of Rooms Cost of Room TOTAL COST  Shared with Employee:  *State Tax Exempt - not reimburseable		TOTAL LODGING COST
MEALS	ITEMIZED Meal Receip Meal Reimbursement Rate exceed meal allowances.  Meal Per Diem Breakfast \$ 8.00 Lunch \$10.00 Dinner \$12.00	IMPORTANT NOTES:  *If your hotel offers free breakfast, do not include breakfast as an expense.  *If registration includes any meals, you may not be reimbursed for those meals.  *Meal allowances are only provided for overnight trips.	TOTAL MEAL COST
MILEAGE	Beginning Odometer Reading Ending Odometer Reading  TOTAL MILES:  X \$ 0.535  Total Miles	: <u> </u>	TOTAL MILEAGE COST
TOTAL TRAVEL REIMBURSEMENT REQUESTED  Employee Signature: Date Submitted:			
**FOR OFFICE USE ONLY**			
Approved	Denied	Budget Code:	
Superintendent Signature: Date:			