

BRAZOS INDEPENDENT SCHOOL DISTRICT

Travel Voucher & Miscellaneous Reimbursement Form

CHECK PAYABLE TO (Name, address):

AMOUNT:
\$ _____

Departure and Return Date	Description and Location of Activity or Workshop or Purpose of Expense or Reimbursement
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ATTACH ALL ITEMIZED RECEIPTS FOR ANY REIMBURSEMENTS

Code:

Mileage @ state Reimbursement rate \$ _____

Requested By: Date:

Registration Fee (Explanation above) \$ _____

Approved By: Date:

Meals (\$36 per day max):
 *meals only, \$ _____
 over-night travel only

Principal _____

Hotel Expense Per night @ state reimbursement rate \$ _____

Supply Reimbursement \$ _____

Other \$ _____

TOTAL (enter above) \$ _____

** reimbursement paperwork must be returned within 5 business days of the workshop.

Administration Office: _____

Date Received: _____