

BRAZOS INDEPENDENT SCHOOL DISTRICT

Travel Voucher & Miscellaneous Reimbursement Form

CHECK PAYABLE TO (Name, address):

AMOUNT:
\$ _____

Departure Address

Destination Address

Note: the shorter of the two distances between your primary work location address and actual departure address will be used. More information can be found in the Business Procedures Manuel.

ATTACH ALL ITEMIZED RECEIPTS FOR ANY REIMBURSEMENTS

Code: _____

Mileage @ state reimbursement rate \$ _____
Current rates located at the following website:
<http://www.gsa.gov/portal/category/100120>

Meals (\$12/meal \$36 max/day): \$ _____
Only for overnight travel (Attach receipts)

Supply Reimbursement \$ _____
(Attach receipt)

Other \$ _____
(attach receipt and explanation if necessary)

TOTAL (enter above) \$ _____

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

Requested By: _____

Date: _____

Administrator _____

Approved _____ Denied _____ Date: _____

Administration Office _____

Approved _____ Denied _____ Date: _____