

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

_____	_____
_____	_____
_____	_____
_____	_____

ATTACH ALL ITEMIZED RECEIPTS FOR ANY REIMBURSEMENTS

Budget Code:

Mileage @ state
Reimbursement rate

\$ _____

Requested By:

Registration Fee
(Explanation above)

\$ _____

Approved By:

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

\$ _____

Principal

Hotel Expense Per night
@ state reimbursement rate

\$ _____

Administration Office

Supply Reimbursement

\$ _____

Other

\$ _____

TOTAL (enter above)

\$ _____