

Odem-Edroy ISD Travel Reimbursement / Advance Request Overnight Trip

Rev. April 2016

Employee: _____

Meal Amounts: \$30 per Day
Bkfst \$7, Lunch \$9, Dinner \$14
Mileage Reimbursement Rate \$0.54

Example:	Dates:	Leave 9/12/12 - Return 9/15/12	Return Time:	5:30pm
	Purpose:	Title 1 Administrator Training	Meals:	9 - \$90
	Destination :	San Antonio, TX	Mileage:	252 - \$136.08
	Departure Time:	3:30 pm	Total:	\$226.08

Trip Report	Date:		Return Time:	
	Purpose:		Meals:	
	Destination :		Mileage:	
	Departure Time:		Total:	

**Campus/District
Goal - Objective #**

Amount(s)

_____ Account Code(s): _____

Name of Hotel/Motel (purchase order must be submitted for lodging) _____

Please Submit Hotel/Motel receipt upon return to the district.

Are any student in attendance on this trip? Circle one Yes or No . If yes, list students below or attach a list of the students and be sure to use the account code for student meals on a separate line in this request.

Any unused funds must be returned and reconciled with a business office official.

Sign one of the statements to the right upon your return to the district.

I used all the funds I received in advance. _____

I am returning \$_____ unused. _____

Does your conference cover any meals? Yes or No If yes, how many? _____

Did you provide a copy of your training certificate to your supervisor? (circle one) Yes No NA

Hotel/Motel receipt submitted; (circle one) YES or NO

Received by: _____

If trips are for more than one account purpose, indicate in purpose above and place correct amounts for each account code.
 If the trip is to be reimbursed by a **federal program**, indicate the Campus or District Improvement Goal and Objective **above**.
 Please submit to the business office by the 5th day after the end of the month. If the amount exceeds \$100 form may be submitted before the end of the month. **Attach conference/purpose information.**

Employee Signature

Supervisor Signature

Business Manager Signature

Superintendent Signature