**BIG SANDY ISD OUT OF DISTRICT TRAVEL EXPENSE**

Pay to: _____ **Purpose: _____

Departed: _____ Date _____ Time

Returned: _____ Date _____ Time

****Attach brochure or documentation related to the event you will be attending.**

| Statement of Expenses | Hotel Expense | Meal & Other | Total Expenses |
|---|---|---|---|
| Registration Fee (attach registration form) | | | |
| Lodging (amount must include city and local taxes)<br>**Name of Hotel and Address:** | | | |
| Mileage (Google Maps)(attach)<br>_____ miles X $0.450 per mile<br>(Round Trip) | | | |
| Airfare (attach receipt) | | | |
| Parking (attach receipt) | | | |
| Taxi Fare (attach receipt) | | | |
| Vehicle Rental | | | |
| Other (specify & attach receipts) | | | |
| Meals: Employees / Sponsors*<br>Breakfast $8.00 x _____<br>Lunch $10.00 x _____<br>Dinner $18.00 x _____ | | | |
| Meals: Students *<br>Breakfast $5.00 x _____<br>Lunch $7.00 x _____<br>Dinner $8.00 x _____<br>Please attach a list of the students names that are attending | | | |
| **TOTAL** | | | |

* To qualify for **breakfast** the claimant must **depart by 7:00 a.m. and return after 7:00 a.m.**; for **lunch** the claimant must **depart by 11:00 a.m. and return after 2:00 p.m.**; and for **dinner** the claimant must **depart by 4:00 p.m. and return after 6:00 p.m**. Meals that are furnished by the hotel or conference/workshop are not eligible for per diem reimbursement.

The travel reimbursement requested above is true and correct according to my best knowledge and belief and is in compliance with the Big Sandy ISD travel policy. A PO must be submitted for travel.

The State of Texas: County of Upshur. I do solemnly confirm that the expense account above totaling is true correct and has been paid by me. If an amount is requested for per diem meals, the requested amount must be equal to or less than actual costs spent on meals.

_____ Signature of Claimant

_____ Budget Code

_____ Approved by:

_____ Business Office Approval

2/28/2010