

BULLARD INDEPENDENT SCHOOL DISTRICT
Travel Reimbursement Form
(Submit Within 7 Days of Return)

Name _____

Meeting Attended _____

Place of Meeting _____

Departure Date _____ Time _____

Return Date _____ Time _____

Transportation

Privately Owned Vehicle: Miles Driven _____ @ .545 Per Mile \$ _____
(MapQuest Mileage Verification Required)

Passengers: _____

Lodging

\$ _____

Meals

Breakfast #___ @ \$ 8.00

Lunch #___ @ \$ 8.00

Dinner #___ @\$14.00

\$ _____

Miscellaneous

Conference Registration Fee (Receipt Required) \$ _____

Parking Fee (Receipt Required) \$ _____

Other (Specify) _____ \$ _____

Total Amount Spent

\$ _____

Travel Advance (If Applicable) \$ _____

Check One: ___ Amount Due \$ _____

___ Amount Returned \$ _____

Signature Date

Account Number To Be Charged

Principal/Director Date

Business Manager Date