

## Corbin Independent School District Out of Tri-County Travel Expense Form

Name	Position	Worksite
Date Travel Began	Date Travel Ended	Munis Account Number
Meeting/Conference Attended:		Meeting Location

### Expenses (Receipts are required)

Auto \_\_\_\_\_ miles X \_\_\_\_\_

Hotel \_\_\_\_\_ number of nights \_\_\_\_\_

Registration Fee \_\_\_\_\_

Was this an overnight trip?     YES     NO

### Meals: Meal reimbursement will be paid through payroll if not an overnight stay.

[\$30 per day limit plus maximum 15% gratuity on allowable food costs. An itemized receipt is required for any meal over \$5.00]

DATE: \_\_\_\_\_; B \_\_\_\_\_; L \_\_\_\_\_; D \_\_\_\_\_

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Total for Meals \_\_\_\_\_

### Other Expenses: [tolls, baggage handling, parking, etc.]

See administrative Travel Regulations for Details.

\_\_\_\_\_

\_\_\_\_\_

Total for Other Expenses: \_\_\_\_\_

**TOTAL FOR ALL EXPENSES:** \_\_\_\_\_

Expenses must be substantiated by a receipt. Attach itemized receipts to this form. **[No credit card slips]**

### Signatures:

Employee \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor \_\_\_\_\_ Date: \_\_\_\_\_

*Signatures verify accuracy of information*

*Make a copy for your records, attach a copy of completed "Travel Authorization Form," and return to business department.*

Describe how the meeting/conference met your expectations:

Identify persons you are going to share the information with:

How and when will you share the information: