

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 _____

DATE: _____; B _____; L _____; D _____

DATE: _____; B _____; L _____; D _____

DATE: _____; B _____; L _____; D _____

DATE: _____; B _____; L _____; D _____

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: