

Bay City Independent School District

DATE _____

AMOUNT DUE _____

ID# _____ Name _____

Campus or Dept. _____

Purpose/Workshop _____

Destination _____

Date & Time Departing Bay City

Month	Day	Year	Time	AM/PM

Date & Time Returning Bay City

Month	Day	Year	Time	AM/PM

Meals: (Record number of meals allowed for breakfast, lunch and dinner in the box. List the actual cost of each meal on the lines w/o tax, reimbursement will be cost or up to per diem rate. (No reimbursements for non-overnight meals)

Breakfast

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\$13 Max/day

Lunch

--

\$16 Max/day

Dinner

--

\$26 Max/day

Other Expenses:

Hotel Expenses (attach original receipt)

Parking Fees (attach original receipt)

Other Expenses

Transportation: (Attach transportation denial to be reimbursed for mileage at .655 cents/mile.)

Miles

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Total Expenses

Less Advance

Amt./Bal. Due

CHARGE TO ACCOUNT NUMBER _____

Date: _____

Signature: _____

Date: _____

Supervisor or Principal

Date: _____

Business Manager

Date: _____

Chief Financial Officer

In order to receive reimbursement for the above expenses; this form along with workshop certificate, hotel folio, meal receipts, and any other receipts must be submitted within 3 business days of this travel. There will not be any reimbursements for non-overnight meals.