

Collinsville Independent School District

Travel Reimbursement Request Form

**** Request must be submitted One Month prior to trip for processing****

Name: _____ Campus: _____

Destination Address: _____ City: _____

State: _____ Zip: _____

Budget Code: _____ - _____ - _____ - _____ - _____

Purpose of Travel: _____

Date of Departure: _____

Date of Return: _____

Time of Departure: _____ am/pm

Time of Return: _____ am/pm

Meals: To qualify for meals, claimant must depart by 6:00 a.m. for breakfast, 10:00 a.m. for lunch, and return no earlier than 8:00 p.m. for dinner.

_____ Breakfast @ \$11.00(Employee) / \$7(Student) \$ _____

_____ Lunch @ \$12.00 (Employee) / \$8(Student) \$ _____

_____ Dinner @ \$23.00 (Employee) / \$10(Student) \$ _____

_____ Miscellaneous fees (TIPS are not reimbursed) \$ _____ Incidental expenses limited to \$5(Emp)

Use of School Vehicle _____ Yes _____ No - If yes what type of vehicle is needed? _____

Mileage/Parking/Miscellaneous Fees if using Personal Vehicle

Driver Name _____ Who will be attending with driver _____

_____ Roundtrip Mileage at .58 cents per mile* \$ _____

Starting address is 500 Reeves St, Collinsville TX 76233

_____ Parking \$ _____

(_____)

*58 cents per mile effective January 1, 2019

Total Reimbursement Claim \$ _____

I hereby certify that I will be traveling on school business on the dates and times listed above. I understand that if my trip is cancelled or shortened, I will refund the District the excess amount in 10 days or my payroll check may be deducted. I also agree to return my travel settlement within 10 days to the administration office.

Employee

Administrator

Superintendent