

BIRDVILLE INDEPENDENT SCHOOL DISTRICT  
**Travel Request and Expense Reimbursement**

Employee		Emp ID		Title		Date			
Campus/Department									
Destination (city/state)									
Concise statement of purpose of trip and/or duties performed:									
Name of Conference/Event				First Day of Conference/Event			Last Day of Conference/Event		
Departure Date				Return Date					

**Instructions:** Complete the estimated column as soon as trip is known but no less than 2 weeks prior to trip and submit for approval. Retain a copy of this form for your files and attach as back up in Munis for all payments associated with this trip. The completed form must be used to submit your actual expenses and receipts upon completion of trip. **(Expenses needing advance payment require that you submit a check request with correct budget codes to the appropriate vendor). Attach a copy of approved Travel form and receipts in Munis as backup when entering check request for FINAL Post Trip expense reimbursement.** Meals will not be reimbursed unless overnight lodging is required.

	Daily Rate & Miles	# of Days	Estimated Expenses (Prior to Trip)	Prior Trip Voucher #	PRIOR TRIP PAYMENTS (District Paid)	POST TRIP PAYMENT (Employee Reimbursement)	ACTUAL EXPENSES
<b>Hotel</b> (Enter Daily Rate)							
<b>Airfare</b>	N/A	N/A					
<b>Registration Fee</b>	N/A	N/A					
<b>Meals \$46</b> (Enter # of Days Depart/return is 75% of per diem. <b>NO</b> per diem for meals supplied by conference/hotel)	N/A				N/A		
<b>DEDUCT - MEALS</b> Breakfast \$9, Lunch \$11, Dinner \$26. (Enter negative amount)	N/A	N/A			N/A		
<b>Mileage @ 0.70 cents</b> (Enter # of Miles)		N/A			N/A		
<b>PARKING</b> (valet or self)	N/A	N/A					
<b>OTHER</b> (List Items and amounts)	N/A	N/A					
	N/A	N/A					
	N/A	N/A					
<b>TOTAL ESTIMATED EXPENSES</b>							

  

BUDGET CODE(S) [*Account Number Required]								TOTAL PRIOR TRIP PAYMENTS	TOTAL POST TRIP PAYMENTS	TOTAL ACTUAL EXPENSES
Fund	Function	Object	Sub-Object	Org	Program	Bgt Mgr	Project Code			
<b>Undistributed/Unreimbursed Amount</b>										

--	--	--

**BISD EMPLOYEE  
ESIGNATURE:**

**Employee Supervisor  
ESIGNATURE:**

**SEND APPROVED COPY  
FOR REIMBURSEMENT TO:**

**Funding Dept./Campus  
Approval ESIGNATURE:**

**Cabinet Approval  
ESIGNATURE:**

**Director of Business  
or Designee Approval  
ESIGNATURE:**

FOR OUT OF STATE TRAVEL ONLY

**Federal/State Grant  
Approval ESIGNATURE:**

**\*\*\*Funds 201-459 REQUIRE THE FOLLOWING\*\*\***

CHECK BOX AND SIGN BELOW

☐ By signing below, traveler certifies that the amount claimed for meal reimbursement is the lessor of the actual amount spent or the per diem allowed.

**Employee Name:**

X

**Employee signature required for Federal or State reimbursement**

**Additional Comments/Notes (i.e, Sharing Room, Carpooling, Split Funding, Min/Max Reimbursement, Hotel not required, etc.)**