

BIRDVILLE INDEPENDENT SCHOOL DISTRICT Travel Request and Expense Reimbursement

Employee Emp ID Title Date

Campus/Department

Destination

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	POST TRIP PAYMENTS	ACTUAL EXPENSES
Hotel (Enter Daily Rate)							
Airfare	N/A	N/A					
Registration Fee	N/A	N/A					
Meals \$46 (Enter # of Days Depart/return is 75% of per diem. NO per diem for meals supplied by conference/hotel)	N/A				N/A		
DEDUCT - MEALS Breakfast \$9, Lunch \$11, Dinner \$26. (Enter negative amount)	N/A	N/A			N/A		
Mileage @ .56 cents (Enter # of Miles)		N/A			N/A		
OTHER (List Items and amounts)	N/A	N/A					
	N/A	N/A					
	N/A	N/A					
	N/A	N/A					
TOTAL ESTIMATED EXPENSES							

BUDGET CODE(S) [*Account Number Required]							
Fund	Function	Object	Sub-Object	Org	Program	Bgt Mgr	Project Code
Undistributed/Unreimbursed Amount							

TOTAL PRIOR TRIP PAYMENTS	TOTAL POST TRIP PAYMENTS	TOTAL ACTUAL EXPENSES

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**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.)