

LINDALE INDEPENDENT SCHOOL DISTRICT

Post-Travel Employee Expense Claim Form

Traveler _____ Campus _____

Purpose of Travel _____

Destination of Travel _____

ATTACH HOTEL RECEIPT

Date of Departure: _____ Time: _____

Date of Return: _____ Time: _____

Mileage Round Trip _____ @ _____ = _____
Attach Mapquest.com mileage documentation.

Additional Employees Traveling in Vehicle _____

OTHER EXPENSES (List and Attach Receipts)

Total Other Expenses _____

MEALS

Breakfast # _____ @ 7.00 = _____
Lunch # _____ @ 9.00 = _____
Dinner # _____ @ 20.00 = _____

Total Meals Claimed _____

By signing below I certify that I spent at least the amount in total meals claimed and I have and will retain receipts for documentation.

Total Expenses Claimed _____

Employee Signature _____

Date _____

Principal or Department Director Approval _____

Business Office Approval _____

Budget Code _____

Director of Finance Approval _____