CANYON INDEPENDENT SCHOOL DISTRICT

TRAVEL EXPENSE REIMBURSEMENT FORM

Name _____ Campus/Dept _____ Destination _____

Meeting Attended _____

Departure Date _____ Time _____

Return Date _____ Time _____

Accounting Dept. Use Only
Vendor No.
Direct Pay No.

RECEIPTS ARE TO BE TAPED ON AN 8 1/2 X 11 SHEET OF PAPER. EACH PAGE SHOULD BE BY DATE AND TOTALED BY CATEGORY.

TRANSPORTATION: TRAVEL BEYOND 150 MILES REQUIRES VEHICLE RENTAL ARRANGED BY TRAVEL DEPT.

Privately Owned Vehicle - Odometer Reading

Beginning _____ Ending _____ equals _____ miles @ .46 per mile _____

PASSENGERS: _____

RENTAL CAR FUEL: (Attach receipt - must refill car before it is returned to the rental company) _____

TAXICAB/SHUTTLE: (Actual cost reimbursed - attached receipt(s)) _____

PARKING FEE(S): Valet parking is available @ Airport Valet near the Amarillo Airport. _____

CISD will be direct billed and the appropriate fees will be paid out of the account number listed below.

Parking at the Amarillo Airport will be reimbursed at the outdoor parking rate per day if the appropriate receipt is attached.

Parking fees not related to airport parking will be reimbursed in full with the appropriate receipt.

INTERNET FEE(S): Only reimbursed for official Canyon ISD business, when no other means are available. _____

Did you fly out of the Amarillo Airport? If yes, add $10.00 in the blank. Yes ☐ No ☐ _____

Did another CISD employee carpool with you to the Amarillo Airport? Yes ☐ No ☐

If yes, who: _____

Other: _____ _____

Total of above amounts: _____

MEALS: Meals are reimbursed using the chart below, excluding gratuities, not to exceed $46 per day.

No receipts should be submitted unless traveling with Federal or State Grant Funds.

No conference provided meals will be reimbursed.

Were any meals provided by the conference? Yes No

Are any of the conference-provided meals claimed below? Yes No

	# of meals				
Breakfast	_____	x	10.00	=	_____
Lunch	_____	x	14.00	=	_____
Supper	_____	x	22.00	=	_____

Total of meals amounts: _____

TOTAL AMOUNT DUE: _____

_____

BUDGET CODE TO BE CHARGED

_____

SIGNATURE - EMPLOYEE DATE

_____

SIGNATURE - SUPERVISOR DATE