

**JOAQUIN ISD**  
**OUT-OF-DISTRICT EMPLOYEE TRAVEL REPORT**

*"REVISED APRIL 2021"*

Employee's Name: \_\_\_\_\_

Travel Destination: \_\_\_\_\_

Departed Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(used for Meal Allowance) (used for Meal Allowance)

Returned Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(used for Meal Allowance) (used for Meal Allowance)

Purpose of Travel: \_\_\_\_\_

Name of Person/Persons Transported: \_\_\_\_\_

Name of Person Contacted/Meeting Attended: \_\_\_\_\_

Comments or Explanation: \_\_\_\_\_

**TRAVEL REIMBURSEMENT:** (write **SCC** beside amounts that you used "School Credit Card")

**MILEAGE** (at current state rate)  X **\$0.560** \$   
(write **SV** in \$ box if drove "School Vehicle")

**MEALS REIMBURSEMENT-OVERNIGHT TRAVEL ONLY**  
(RECEIPTS MUST BE ATTACHED)

# of Days  (at current state rate) X **\$55** =  Allowance \$  Actual  
(\$55 f for each 24 hour period-partial days to be in 1/4 or 6 hour increments) (tips are not reimbursed)

**LODGING** (RECEIPT REQUIRED FOR REIMBURSEMENT) (state limit=**\$96/night for cities not on fed per diem map**) \$

**PUBLIC PARKING** (RECEIPT REQUIRED FOR REIMBURSEMENT) \$

**ADMINISTRATOR MEETING MEAL EXPENSE** (RECEIPT REQUIRED FOR REIMBURSEMENT)  
(MEALS FOR ADMIN MEETINGS REIMBURSED THROUGH PAYROLL ONLY) # of Persons   
 \$   
 \_\_\_\_\_  
(purpose of meeting-explain business reason)

**OTHER BUSINESS EXPENSES** \_\_\_\_\_ \$   
(RECEIPT REQUIRED FOR REIMBURSEMENT) \_\_\_\_\_ \$

**TOTAL REIMBURSEMENT** \$

I certify that the above report is true & correct:

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_

*For Office Use Only*

Check # \_\_\_\_\_ Date Paid \_\_\_\_\_

Budget Code - - - - -