

**Kennard Independent School District
Travel Reimbursement Request**

Employee Name

Destination

Departure Date and Time

Return Date and Time

Purpose of Trip (Conference, Workshop, etc.)

Meals

_____ Breakfast @ \$12.00	\$ _____	
_____ Lunches @ \$12.00	\$ _____	
_____ Dinners @ \$12.00	\$ _____	Total Meal \$ _____

Lodging

_____ Persons @ \$85.00 Per Night	\$ _____	
		Total Lodging \$ _____

Transportation

_____ Miles @ .55 per mile (from _____ Texas Mileage Guide)	\$ _____	
_____ Public Transportation	\$ _____	
		Total Transportation \$ _____

Other Expenses

Registration _____	\$ _____	
Other _____	\$ _____	
Other _____	\$ _____	Total Other \$ _____
		Total Expenses \$ _____

Total Amount Advanced by District \$ _____

Total Amount to be Reimbursed to \$ _____

Employee Signature

Date

Supervisor Signature

Date

Superintendent Signature

Date

Submit one copy to the supervisor, who will forward it to the Superintendent or designee.