

**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 | \$ _____ | |
| _____ Lunches | \$ _____ | |
| _____ Dinners | \$ _____ | |
| | | Total Meal \$ _____ |

Lodging

_____ Nights for 1 person @ \$ _____

Total
Lodging \$ _____

Transportation

Beginning Odometer Reading _____

Ending Odometer Reading _____

_____ Miles @ \$ _____ per mile \$ _____

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.