

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

(IF DISTRICT VEHICLE UNAVAILABLE W/DOCUMENTATION) _____ @ _____ = _____
Attach Mapquest.com mileage documentation.

Additional Employees Traveling in Vehicle _____

OTHER EXPENSES (List and Attach Receipts)

Total Other Expenses _____

MEALS (no breakfast claim on day of departure)

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

Turn into Business Office within 5 days of return.

Revised 10/2022