

**COLEMAN INDEPENDENT SCHOOL DISTRICT
STAFF TRAVEL FORM R - REIMBURSEMENT REQUEST FORM**

01/10/2024

Date of Request: _____

Name: _____

Campus/Dept: _____

Destination (City): _____

Event: _____

Event Begin Date and Time: _____

Event End Date and Time: _____

Departure Date: _____

Departure Time: _____ A.M. _____ P.M.

Return Date: _____

Return Time: _____ A.M. _____ P.M.

REQUESTED STAFF REIMBURSEMENT:			
Requested Number of Meals:			
_____ Breakfast \$13.00 <i>Leave before 6:00 a.m. or return after 7:00 a.m.</i>	_____ Lunch \$15.00 <i>Leave before 12:00 p.m. or return after 1:00 p.m.</i>	_____ Dinner \$26.00 <i>Leave before 7:00 p.m. or return after 8:00 p.m.</i>	\$ _____
Personal Vehicle – Allowed Mileage _____ miles @ \$0.67 per mile			\$ _____
<i>*School vehicles must be used unless none are available. If a school vehicle is available and you choose to use your own vehicle, you will not be eligible for reimbursement. *For mileage reimbursement, attach a google map with beginning address (Coleman) and ending address (hotel or conference)</i>			

Total Due Employee

\$ _____

I certify that the above is true and correct.

Signed: _____
Employee Date

Approved: _____
Director or Principal Date

Staff Travel Expense must be turned in and approved **BEFORE** travel occurs.