

Reagan County ISD
Travel Advance & Reimbursement Claim
(Advance Requests Due in Central Office 1 Week Prior to Departure)

Employee: _____ Campus: _____

Departure Date: _____ Time: _____ Return Date: _____ Time: _____

Travel for: _____

School or Training Attended: _____

Budget Code: _____

Professional Travel:	# of Breakfasts	_____	@	\$ _____
	# of Lunches	_____	@	\$ _____
	# Dinners	_____	@	\$ _____
			Total Meal Allowance	\$ _____

OR actual meal costs in lieu of per diems (attach tickets) \$ _____

Car Mileage: # of miles traveled _____ @ _____ per mile \$ _____

Sub-Total \$ _____

Requested Travel Advance _____ \$ _____

Hotel Accommodations: # of nights _____ (attach tickets) \$ _____

Other Travel Expenses: (attach tickets for parking, tolls, etc.)

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Other Travel Expenses \$ _____

Deduct Advances & Personal Expenses: _____ \$ _____

Total Travel Expenses: \$ _____

Employee: _____ Date: _____

Supervisor: _____ Date: _____

Central Office: _____ Date: _____