

**KERRVILLE INDEPENDENT SCHOOL DISTRICT
TRAVEL VOUCHER AND REIMBURSEMENT**

NAME	DATE:
CAMPUS	

DATE	CITY OF EVENT	TITLE OF WORKSHOP/MEETING	MILES	MEALS	OTHER
Special Note: Maximum meal allowance for overnight workshop: \$7.00 Breakfast \$11.00 Lunch \$23.00 Supper			Total Miles Rate 0.535 Totals		

- Attach Google Maps for mileage reimbursement
- Attach parking receipts if applicable
- Attach certificate(s)

I certify that I have traveled to the place(s) listed above for approved business and that any meal costs claimed for reimbursement do not exceed the actual meal costs and do not include any sales tax, gratuities, or any other unauthorized purchases.

Signature _____

Department Approval _____

Central Office Approval _____

Budget Account _____

Purchase Order# _____

Total Expense \$ _____