

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

<b>NAME</b>	<b>DATE:</b>
<b>CAMPUS</b>	

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

- 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.**

**Signature** \_\_\_\_\_

Department Approval \_\_\_\_\_

Total Expense \$ \_\_\_\_\_

Central Office Approval \_\_\_\_\_

Budget Account \_\_\_\_\_

Purchase Order# \_\_\_\_\_