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	**0.54**		
		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.

Signature _____

Department Approval _____ Total Expense $ _____

Central Office Approval _____

Budget Account _____

Purchase Order# _____