

FRIENDSWOOD INDEPENDENT SCHOOL DISTRICT REQUEST FOR TRAVEL REIMBURSEMENT

NOTE: Restrictions exist on travel expenses paid from federal funds sources. No reimbursements or advances may be paid from petty cash or petty cash checking. After the appropriate approval send this form to FISD Business Office, Attn: Accounts Payable.

Campus / Department: _____

Final Travel Report BUDGET CODE: _____

NAME: _____ Dates of Trip: _____

DESTINATION AND PURPOSE OF TRAVEL: _____

	Date	Time		To be eligible for	You must leave before	Or Return After
Depart	_____	_____ a.m. / p.m.		Breakfast	6:00 a.m.	6:00 a.m.
Return	_____	_____ a.m. / p.m.		Lunch	12:00 p.m.	12:00 p.m.
				Dinner	6:00 p.m.	6:00 p.m.

Total miles: _____ claimed @ \$0.500 per mile (mileage log must be attached) (1) \$ _____ -

Meals:

_____	Breakfast(s) @	\$ 8.00	=	\$ _____	
_____	Lunch(es) @	\$ 10.00	=	\$ _____	
_____	Dinner(s) @	\$ 18.00	=	\$ _____	

Total Meals: (no receipts required) (2) \$ _____ -

Lodging (attach original itemized receipts to Final Report / up to \$115.00 / day)

_____ nights @ _____ per night = (3) \$ _____ -

Incidental Expenses (attach original itemized receipts to Final Report):

City/Room Taxes _____			
State Tax (only if not exempt) _____			
Other Expenses (Taxi, Parking, etc.) _____			

		\$ _____	

Total Incidental Expenses (4) \$ _____ -

TOTAL EXPENSES CLAIMED (5) \$ _____ -

Amount Advanced (This amount should be taken from the Request For Travel Advance Form) (6) _____

FINAL TRAVEL EXPENSE REPORTS ONLY:

If advance exceeds actual expenses, enter amount due from employee: Hotel will reimburse (7) \$ _____ -

If actual expenses exceed advance, enter amount due to employee (8) \$ _____ -

Shared lodging with employee:

Name: _____ Campus: _____

Name: _____ Campus: _____

Signature of Employee _____
Date

Approved by Supervisor _____
Date

Approved by Business Manager(s) _____
Date