

**LEON INDEPENDENT SCHOOL DISTRICT**  
**Travel Reimbursement Form**

**Submitted By:** \_\_\_\_\_ **Campus:** \_\_\_\_\_

**Destination:** \_\_\_\_\_ **Purpose:** \_\_\_\_\_

**Depart Leon I.S.D.**      **Date** \_\_\_\_\_ **Time** \_\_\_\_\_

**Return to Leon I.S.D.**      **Date** \_\_\_\_\_ **Time** \_\_\_\_\_

**Actual Lodging Cost** \_\_\_\_\_

(Attach receipts & expenses will be reimbursed at the maximum amount of \$90/day or actual expense if less than \$90/day)

**Meals**

(Record number of meals allowed for each category during the period for this trip, no receipts.)

\_\_\_\_\_  
**Breakfast (\$8.00)**  
(If leaving before 8 am)

\_\_\_\_\_  
**Lunch (\$14.00)**

\_\_\_\_\_  
**Dinner (\$20.00)**  
(If returning after 6 pm)

**Other Expenses**

Registration Fees \_\_\_\_\_

Transportation (**in personal vehicle**) \_\_\_\_\_ miles @ 54.5¢/mile \_\_\_\_\_

**TOTAL EXPENSES** \_\_\_\_\_

**Less Advance** \_\_\_\_\_

**Balance Due** \_\_\_\_\_

**Charge to Account & Number** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

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

**Date Turned In** \_\_\_\_\_

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

**Date Approved** \_\_\_\_\_

**Admin Office** \_\_\_\_\_

**Date Approved** \_\_\_\_\_