

COMPENSATION AND BENEFITS:
EXPENSE REIMBURSEMENT

**RIVERCREST INDEPENDENT SCHOOL DISTRICT
TRAVEL REIMBURSEMENT REQUEST**

Faculty or staff member

Date

Destination

Departure Date

Time

Return Date

Time

Purpose of trip: _____

EXPENSES

Meals:

_____ Breakfast @ \$ _____

\$ _____

_____ Lunches @ \$ _____

\$ _____

_____ Dinners @ \$ _____

\$ _____

TOTAL MEALS

\$ _____

Lodging:

_____ Nights for 1 person

\$ _____

_____ Nights for 2 persons

\$ _____

TOTAL LODGING

\$ _____

Transportation:

_____ miles @ \$ _____ per mile

\$ _____

_____ plus attached gas receipts

\$ _____

TOTAL TRANSPORTATION

\$ _____

OTHER EXPENSES

Registration

\$ _____

Other

\$ _____

TOTAL OTHER

\$ _____

* TOTAL ESTIMATED EXPENSES

\$ _____

* TOTAL AMOUNT ADVANCED BY DISTRICT

\$ _____

Faculty or staff signature

Approved by Principal

Approved by Superintendent

Date of approval

* Submit one copy to building principal who will forward it to Superintendent or designee. If error in number of meals or lodging, correct upon return.