

**FERRIS INDEPENDENT SCHOOL DISTRICT**

**TRAVEL REIMBURSEMENT CLAIM FORM**

**2017-2018**

Use this form to indicate expenses incurred in travel for Ferris ISD business. All travel for which reimbursement is claimed must be approved by the supervisor prior to the trip. Out of district mileage should be map mileage and a copy of the **Mapquest** printout must be submitted with this form (Do not round up or down). Maximum reimbursable meal allowance is \$36.00 per day.

Departure Date & Time	Return Date & Time	Number of Miles	Destination & Purpose	Meal Cost	Lodging Cost	Misc. Cost

Total Miles: \_\_\_\_\_ @ .535 = \$ \_\_\_\_\_ Meal Costs: \$ \_\_\_\_\_

Lodging Costs: \$ \_\_\_\_\_ Misc.Costs: \$ \_\_\_\_\_

Total Expenses: \$ \_\_\_\_\_

I hereby certify that this expense account is true, correct, and unpaid.

Signature \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Date of Claim \_\_\_\_\_

Account Code \_\_\_\_\_

Account Code \_\_\_\_\_

Finance Director's Approval \_\_\_\_\_