

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 _____