

DIP/CIP
GOAL/OBJ

San Benito Consolidated Independent School District
TRAVEL REQUEST FORM

NAME: _____

DATE	DESTINATION AND PURPOSE OF TRAVEL	NO. OF MILES

Registration Fee

Payable To: _____ Amount = \$ _____

Transportation

_____ Fuel Expense _____ Estimated Expense _____ = \$ _____

_____ Airplane: One Way: _____ Round Trip _____ Tax _____ = \$ _____

_____ Rental Car Name _____ # days _____ @ _____ + _____ = \$ _____

_____ Personal Auto _____ Miles _____ @ \$ _____ = \$ _____

Lodging

Hotel Name: _____ # Nights _____ @ _____ + Tax _____ = \$ _____

Not to exceed Federal Domestic Maximum Allowance based on locality or city Less State Tax 6%

Hotel Parking # Days _____ @ \$ _____ = \$ _____

Meals

1st Day and Last Day 75% of Daily Allowance

Location Allowance _____ per day Date: _____ 75% \$ _____

Date: _____ \$ _____ Date: _____ \$ _____

Date: _____ \$ _____ Date: _____ \$ _____

Date: _____ 75% \$ _____

Meal Requested = \$ _____

Total Account # _____ \$ _____

I certify that the above information is true and correct to the best of my knowledge. I also acknowledge that I am responsible for providing all required receipts and meal settlement form.

Requester's Signature / Date

Administrators Signature / Date

Superintendent's Signature / Date

Assistant Superintendent Finance and Operations / Date

Supporting documentation must be printed and attached. Once approved individual purchase order requisitions must be prepared and attach this form to the employees' Meal Request form if applicable.

**San Benito CISD
ACTUAL MEAL EXPENSES
SETTLEMENT FORM**

NAME: _____

DESTINATION: _____

DATE	BREAKFAST	LUNCH	DINNER	TOTAL

REIMBURSEMENT: \$ _____

PO# _____ **Ck#** _____ **ADVANCE** \$ _____

BALANCE \$ _____

I certify that the above are actual meal expenses incurred during the approved business trip. Any balance due to SAN BENITO C.I.S.D. will be returned within a timely basis. Balance due to employee needs to be submitted for payment.

**Failure to submit settlement form will result in meal allowance to be considered taxable income and will be included to employee's tax income.

SIGNATURE OF TRAVELER: _____ **DATE:** _____

Actual expenses not to exceed the Maximum Daily Allowance

<http://www.window.state.tx.us/comptrol/texastra.html>
