San Benito Consolidated Independent School District

ACTUAL MEAL EXPENSES SETTLEMENT FORM

NAME:_____ **DESTINATION**_____

DATE	BREAKFAST	LUNCH	DINNER	TOTAL

REIMBURSEMENT: $ _____

P.O.#_____ **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