

**Columbus Independent School District
Travel Reimbursement Request**

Employee

Destination

Departure Date

Time

Return Date

Time

Purpose of Trip (Conference, Workshop, etc.)

Actual Expenses (Attach dated and signed original receipts)

Meals: Actual expense to a maximum of \$46 per day
(eligible days is the whole number determined when
dividing the total hours traveling by 20)
Total travel hours _____
Number of eligible days _____

Total Meals: \$ _____

Lodging: Actual expense to a maximum of \$85 per day
Number of eligible days _____

Total Lodging: \$ _____

Transportation:
Actual number of miles _____
(rate of .54 cents per mile)

Total Mileage: \$ _____

Public Transportation (air fare, taxi, etc.)

Total Fares: \$ _____

Other Expenses:
Registration, Parking, Tolls, etc.

Total Other: \$ _____

Total Reimbursement Amount Requested: \$ _____

Account Code: _____

Employee Signature

Date

Supervisor/Principal Approval

Date