

**SANDS CISD
TRAVEL APPROVAL AND REQUEST FOR EXPENSES**

NAME _____

DATES OF REQUEST _____

DESTINATION _____

PURPOSE OF TRAVEL _____

SUPERINTENDENT APPROVAL:

_____ **DATE:** _____

EXPENSES TO BE ADVANCED:

MEALS @ \$36.00/DAY FOR _____ **DAYS:** \$ _____

MEALS @ \$55.00/DAY FOR _____ **DAYS:** \$ _____

(OVERNIGHT STAY)

MILEAGE @ \$.58/MILE FOR _____ **MILES:** \$ _____

EXPENSES TO BE REIMBURSED: (RECEIPTS REQUIRED)

MEALS: _____

MILEAGE: _____

HOTEL: _____

OTHER: _____

TOTAL: _____

I certify that the above expenses are true and correct and were incurred by me in the performance of business travel for Sands CISD.

Signature

Superintendent

Date