

**Sands CISD  
Requisition for Reimbursement  
Of Travel Expenses**

School Employee Submitting Request: \_\_\_\_\_  
 Date Request Submitted: \_\_\_\_\_  
 Amount Requested: \$ \_\_\_\_\_

Purpose of Travel and Destination: \_\_\_\_\_  
 \_\_\_\_\_

Approved by: \_\_\_\_\_  
Superintendent Date

**Cash Expenses to be reimbursed.**

	Lodging	Meals	Misc.
TOTAL:	1. _____	2. _____	3. _____
Total Mileage:	_____ @ .50 =		4. _____
Total: (Line 1+2+3+4=5)			5. _____
Total Advanced Received: #: _____			6. _____ CK
Balance Reimbursed. Or Due (6-5=7)			7. _____

No reimbursement will be made if receipt is not attached, and no reimbursement for meals will be made unless the employee is required to stay overnight. Please limit meal expenses to \$35.00 per day.

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