

SANDS CISD  
REQUEST FOR TRAVEL EXPENSES

EMPLOYEE NAME \_\_\_\_\_  
DATE OF REQUEST \_\_\_\_\_

DESTINATION \_\_\_\_\_

PURPOSE OF TRAVEL \_\_\_\_\_  
\_\_\_\_\_

EXPENSES TO BE ADVANCED:

MEALS @ \$35.00/DAY FOR \_\_\_\_\_ DAYS: \_\_\_\_\_

MILEAGE @ \$.50/MILE FOR \_\_\_\_\_ MILES: \_\_\_\_\_

EXPENSES TO BE REIMBURSED: (RECEIPTS MUST BE ATTACHED)

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