**SANDS CISD**

**TRAVEL APPROVAL AND REQUEST FOR EXPENSES**

**NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATES OF REQUEST \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DESTINATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**SUPERINTENDENT APPROVAL:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**EXPENSES TO BE ADVANCED:**

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

**MEALS @ $70.00/DAY FOR DAYS: $**

**(OVERNIGHT STAY)**

**MILEAGE @ $.67/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**