

## Hereford Independent School District Reimbursement for Travel

\_\_\_\_\_  
Meeting or Conference

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Location of Meeting

\_\_\_\_\_  
Time & Date of Departure

\_\_\_\_\_  
Time & Date of Return

A. Hotel \_\_\_\_\_

B. Meal Reimbursement      Breakfast \_\_\_\_\_ x 7.00 \_\_\_\_\_  
    Lunch      \_\_\_\_\_ x10.00 \_\_\_\_\_  
    Dinner     \_\_\_\_\_ x13.00 \_\_\_\_\_

Receipt Total \_\_\_\_\_ Meal Total \_\_\_\_\_

(Actual receipts not to exceed district calculated rate)

C. Transportation Expense      Miles      \_\_\_\_\_ x .40 \_\_\_\_\_

(Mileage reimbursement or lowest airfare)

D. Car Rental \_\_\_\_\_

E. Registration Fees (if not prepaid) \_\_\_\_\_

F. Cab Fare \_\_\_\_\_

G. Hotel parking fees \_\_\_\_\_

H. Other (list) \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Grand Total      \$ \_\_\_\_\_

Account Code \_\_\_\_\_

\_\_\_\_\_  
Business Office Initial & Date

\_\_\_\_\_  
Signature of Employee