



**ULE ISD**  
Travel Reimbursement Request Form

\_\_\_\_\_  
Faculty or Staff Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Destination

\_\_\_\_\_  
Purpose of trip (Conference, workshop, etc..)

EXPENSES:

MEALS:

\_\_\_\_\_ Breakfast @ \$ 5.00 \$ \_\_\_\_\_  
\_\_\_\_\_ Lunches @ \$ 7.00 \$ \_\_\_\_\_  
\_\_\_\_\_ Dinners @ \$ 8.00 \$ \_\_\_\_\_

TOTAL MEALS \$ \_\_\_\_\_

LODGING:

\_\_\_\_\_ Night for 1 person \$ \_\_\_\_\_  
\_\_\_\_\_ Night for 2 persons \$ \_\_\_\_\_

TOTAL LODGING \$ \_\_\_\_\_

TRANSPORTATION:

\_\_\_\_\_ miles @ 56.5 cents per mile  
Abilene= 120 miles-67.80 \$ \_\_\_\_\_  
\_\_\_\_\_ or attached gas receipts \$ \_\_\_\_\_

TOTAL TRANSPORTATION \$ \_\_\_\_\_

Other Expenses

Registration \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_

Total Other \$ \_\_\_\_\_

TOTAL EXPENSES \$ \_\_\_\_\_

Total Amount Advanced By ISD \$ \_\_\_\_\_

\_\_\_\_\_  
Faculty or Staff Signature

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

\_\_\_\_\_  
Date of Approval

Overnight trips: Please turn in 3-5 days before departure.  
Daytime trips: Please turn in the day after the trip.