



Texarkana
Independent School District

REIMBURSEMENT FORM FOR OVERNIGHT TRAVEL (Within 10 Days of Return)

INSTRUCTIONS:

WHEN PREPARING RECEIPTS, PLEASE NOTE THE FOLLOWING:

- Do not use a highlighter anywhere on the receipts
- Do not put tape of any type over any printed area of the receipts
- A maximum of 15% will be reimbursed for tips. This tip should be noted on the individual receipt.
- You may carry over meal amounts not to exceed \$36 per day (See examples below)
- Meal amounts may not be carried over to a different day

Examples:

- A. If breakfast (\$8), lunch (\$12), and dinner (\$16) are allowed for the day and you do not spend the full amounts on breakfast and lunch, you may carry over the differences for your dinner meal, as long as the DAILY amount does not exceed \$36 (including tip).
- B. If only lunch and dinner are allowed, you will only be reimbursed up to \$28 for that DAY (including tip).
- C. If only dinner is allowed, you will only be reimbursed up to \$16 for that DAY (including tip).

Instructions to Complete the Meal Reimbursement Form:

1. Fill out ALL information requested on the form
2. Sign all receipts
3. Tape receipts individually to a blank sheet of paper in DATE ORDER and attach to the back of the form
(REMEMBER – DO NOT TAPE OVER ANY PRINTED PART OF THE RECEIPT)
4. Completing all information correctly will expedite your reimbursement
5. Receipts will be returned if the form is not completed correctly

Other Important Information to Be Aware of:

- ✓ You must turn in the ITEMIZED receipt showing the actual price for each item. The summary ticket only showing where the total was paid – is not an acceptable receipt.

ATTACH AGENDA FOR CONFERENCE/WORKSHOP BEHIND FORM AND RECEIPTS

REIMBURSEMENT FORM FOR OVERNIGHT TRAVEL (Within 10 Days of Return)

EMPLOYEE NAME (PLEASE PRINT)					
CAMPUS/DEPARTMENT					
CONFERENCE DATES/TIMES (START/END) and CITY/STATE of CONFERENCE					
TRAVEL DATES/TIMES (DEPART/RETURN)					
Row 1: Day of Week	BREAKFAST (\$8 – Including Tip)	LUNCH (\$12 – Including Tip)	DINNER (\$16 – Including Tip)	DAILY TOTAL OF RECEIPTS	Per Diem to Pay (Office Use Only)
Row 2: Calendar Date					
SUNDAY	Subtotal: _____ Tip: _____ Total: _____	Subtotal: _____ Tip: _____ Total: _____	Subtotal: _____ Tip: _____ Total: _____		
MONDAY	Subtotal: _____ Tip: _____ Total: _____	Subtotal: _____ Tip: _____ Total: _____	Subtotal: _____ Tip: _____ Total: _____		
TUESDAY	Subtotal: _____ Tip: _____ Total: _____	Subtotal: _____ Tip: _____ Total: _____	Subtotal: _____ Tip: _____ Total: _____		
WEDNESDAY	Subtotal: _____ Tip: _____ Total: _____	Subtotal: _____ Tip: _____ Total: _____	Subtotal: _____ Tip: _____ Total: _____		
THURSDAY	Subtotal: _____ Tip: _____ Total: _____	Subtotal: _____ Tip: _____ Total: _____	Subtotal: _____ Tip: _____ Total: _____		
FRIDAY	Subtotal: _____ Tip: _____ Total: _____	Subtotal: _____ Tip: _____ Total: _____	Subtotal: _____ Tip: _____ Total: _____		
SATURDAY	Subtotal: _____ Tip: _____ Total: _____	Subtotal: _____ Tip: _____ Total: _____	Subtotal: _____ Tip: _____ Total: _____		
				Other Allowable Expenses:	
				Tolls	
				Uber/Taxi	
				Luggage	
				Other: (Please Describe)	
TOTAL REIMBURSEMENT:					\$

INITIALS _____ : Staff Member Submitting Request Initials

_____ : IS Staff Member Reviewing Request