

BOOKER INDEPENDENT SCHOOL DISTRICT

Individual Employee Travel Request

Name: _____ Purpose: _____ Destination: _____

Training Name: _____ Session Number: _____

Attach Documentation

Departure Date: _____ Return Date: _____

Departure Time: _____ Return Time: _____

Meals

Standard Rates: (within the Region 16 area)

_____ x \$10.00 Breakfast (must leave prior to 6:00 a.m.) \$ _____ \$ _____

No.

_____ x \$15.00 Lunch (must leave prior to 11:00 a.m.) \$ _____ \$ _____

No.

_____ x \$18.00 Dinner (conclude after 7:00 p.m.) and \$ _____ \$ _____

No.

(must leave prior to 4:00 p.m.)

Supplemental Rates: (outside of Region 16 area)

_____ x \$12.00 Breakfast (must leave prior to 6:00 a.m.) \$ _____ \$ _____

No.

_____ x \$20.00 Lunch (must leave prior to 11:00 a.m.) \$ _____ \$ _____

No.

_____ x \$25.00 Dinner (must conclude after 7:00 p.m.) and \$ _____ \$ _____

No.

(must leave prior to 4:00 p.m.)

Total Meals \$ _____ \$ _____

Mileage Miles traveled to and from: _____ x .48 per mile **Total Mileage \$ _____ \$ _____**

Other Description _____ **Total Other \$ _____ \$ _____**

TOTAL \$ _____ \$ _____

Notes

I certify that the above expenses are correct and justly due. The listed expenses are unpaid and were incurred by me in performance of my official duties in accordance with the travel policies of Booker Independent School District as approved by the Board of Trustees.

Budget Code: _____

Employee Signature: _____ Date _____

Approval of Principal: _____ Date _____

Approval of Superintendent: _____ Date _____

Please print on BLUE paper only

Revised 08/1/23