

## Sherman ISD Request to Travel

Employee Name  Date

Destination

Departure Date  Departure Time  Return Date  Return Time

Purpose of Trip and Comments

MEALS: Employees will be reimbursed by the per diem method. The per diem method allocates a rate for each meal during the day. Employees are not required to submit receipts for their meals with the per diem method. A copy of the meeting agenda, conference registration, or other approved documentation should be provided. Employees are currently reimbursed \$8.00 for breakfast, \$10.00 for lunch, and \$18.00 for dinner. Employees may qualify for per diem meals with the following conditions: Breakfast - Departure before 6:00 a.m., Lunch - Departure before 11:30 a.m., and Dinner - Return after 6:30 p.m. Employees will not qualify for meal per diem unless they are required to stay overnight.  
**Federal and State grants do not allow the per diem method and require receipts for all expenditures.**

# of Breakfast Meals	<input style="width: 100%;" type="text"/>	\$8.00 per meal	Total Breakfast	<input style="width: 100%;" type="text"/>
# of Lunch Meals	<input style="width: 100%;" type="text"/>	\$10.00 per meal	Total Lunch	<input style="width: 100%;" type="text"/>
# of Dinner Meals	<input style="width: 100%;" type="text"/>	\$18.00 per meal	Total Dinner	<input style="width: 100%;" type="text"/>
			Total Meals	<input style="width: 100%;" type="text"/>

LODGING: A copy of the agenda or registration should be submitted for every lodging request. Employees will receive a hotel tax exempt form with their lodging check. When checking in, employees should present the tax exempt form to the hotel.  
**A completed Request to Travel - Part B and an itemized hotel statement must be returned to the Business Office within 30 working days.**

# of Nights Lodging  Cost Per Night  Total Lodging

TRANSPORTATION: Mileage should be calculated by using MapQuest.com. Employees will use their campus or assignment location as the beginning address. A copy of the MapQuest calculation should be attached to the travel request. **A completed Request to Travel - Part B and an itemized receipt must be returned to the Business Office within 30 days for any airfare, taxi, parking, tolls, etc.** Car rentals must be made with the transportation department.

# of Miles	<input style="width: 100%;" type="text"/>	Miles @ .58 per mile	Total Mileage	<input style="width: 100%;" type="text"/>
Airfare	<input style="width: 100%;" type="text"/>			
Taxi, Parking, Tolls, Etc.	<input style="width: 100%;" type="text"/>			
Car Rentals	<input style="width: 100%;" type="text"/>			

OTHER EXPENSES: All other expenses require employees to submit itemized receipts.

Other expenses	<input style="width: 100%;" type="text"/>	Other amount	<input style="width: 100%;" type="text"/>	
Other expenses	<input style="width: 100%;" type="text"/>	Other amount	<input style="width: 100%;" type="text"/>	Total Other <input style="width: 100%;" type="text"/>
Budget Code	<input style="width: 100%;" type="text"/>	Budget Amount	<input style="width: 100%;" type="text"/>	Total Expenses <input style="width: 100%;" type="text"/>
Budget Code	<input style="width: 100%;" type="text"/>	Budget Amount	<input style="width: 100%;" type="text"/>	Total Expenses <input style="width: 100%;" type="text"/>

Employee Signature \_\_\_\_\_  I will request reimbursement after completing my travel

Supervisor Approval \_\_\_\_\_  I am requesting an advancement of travel expenditures

Other information

**Sherman ISD**  
**Travel Reconciliation Form**  
**To be Completed after Travel**

**This form and all supporting documentation should be returned to the Business Office within 30 days after your event.**

Employee Name  Date

Date of Travel  Destination

Departure Date  Departure Time  Return Date  Return Time

Meals Per Diem

Lodging

# Miles  Miles @ \$.58 per mile

Airfare

Taxi, Parking, Tolls, etc.

Other Expenses Description  Other Amount

Other Expenses Description  Other Amount

Other Information

Total Expenses

Subtract Amount Advanced by District

Due to Employee (Due to District)

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

Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_