

*RICE INDEPENDENT SCHOOL DISTRICT*  
**Travel Reimbursement Request**  
*(Attach to Payment Authorization if Requesting Reimbursement)*

Ref. PO \_\_\_\_\_

**Complete within 5 business days after trip**

Date \_\_\_\_\_

*All supporting documentation must be attached:*

**Meals:** (Original meal receipts must be attached and show the date of the meal, name and location of the establishment and must be signed by employee)

**\*Overnight meals – not to exceed \$51.00 per day**

**\*Non-overnight meals – not to exceed \$36.00 per day (Example: first and last day of extended travel)**

**\*Mid-day meal for one-day travel – not to exceed \$11.00**

**Total Meal reimbursement request** \_\_\_\_\_

**Transportation:** *(Calculated by on-line map service@ 53.5 cents per mile)*

From \_\_\_\_\_ to \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Mileage *(personal vehicle)* \$ \_\_\_\_\_

Gas *(if school vehicle)* \$ \_\_\_\_\_

**Total Transportation:** \$ \_\_\_\_\_

**Other Expenses** *(Explain):*

\_\_\_\_\_ **Total Expenses** \$ \_\_\_\_\_

*I certify that the expenses claimed are correct and have not been claimed elsewhere. The original receipts are attached for all expenses listed above.*

**Employee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Total of above expense report: \$ \_\_\_\_\_

Less cash advance received: \$ \_\_\_\_\_

**Amount due:** To Employee \$ \_\_\_\_\_

To RISD \$ \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_