EAGLE MOUNTAIN-SAGINAW INDEPENDENT SCHOOL DISTRICT TRAVEL EXPENSE VOUCHER

Date			DPAY#
Name	Departure Date	Departure	Time
Campus/Dept	Return Date	Return	Time
Destination	-	To be completed by Business Office:	To be completed by employee AFTER the trip:
Purpose of Trip	Estimated Expenses	PAYMENT DATE Prepaid by District	Actual Expenses
Registration - Reference #			
Airline Tickets - (lowest avail coach fare)		Airlines \$	Airline Tickets \$
Mileage:miles@(own vehicle, attach mapquest)		Mileage	Mileage
Lodging:nights @per night xrooms ^ Do not include Texas State Tax **		Lodging	Lodging ^Hotel Receipt MUST BE Itemized; show breakdown of daily charges
Hotel Name:			
If Double, name of second party:			
Parking - (self parking rate only)		Parking	Parking (self parking rate only)
Other - Specify		Other	Other
*Meals: Employee per diem -(Full Day = \$51) Meal Total:		Total Meals	Meals
Breakfast @ \$11.00 (must leave by 7:00 am)			*meals provided by the conference/hotel OR included with registrations MAY NOT be
Lunch @ \$16.00 (must leave by 10:00 am or return aft	ter 1:00 pm)		claimed here
Dinner@ \$24.00 (must return after 7:00 pm) *meals provided by the conference/hotel OR included with registrations may NOT BE claimed here			
		Total Prepaid \$	Total Expenses
**Meals: Student per deim -(Full Day = \$22) Meal Total:			Less: Advance
Breakfast @ \$6.00			Less: Prepaid
Lunch @ \$7.00 Total Expenses \$		1	
Dinner @ \$9.00 Advance Requested \$		<u>NOTE:</u> ATTENDANCE DOCUMENTATION REQUIRED	Net Due Employee \$
STUDENT TRAVEL: estimated # of sponsors estimated # of students		TO SUBSTANTIATE MEAL PER DIEM & MILEAGE UPON COMPLETITION OF TRIP.	or Net Due EMSISD \$
**Meal Per Diem Certification Form will be required upon completi	ion.		Ψ
I understand that I must return ORIGINAL, ITEMIZED receipts to the within 10 days after the end of the trip for all items except mileage (per diem meals (proof of attendance required). I authorize the Distruithhold from my paycheck any amounts not properly substantiated	mapquest required) ict to		Employee Final Signature Date
			Secretary Signature Date
Employee Signature Date	Supervisor Approval	Signature Date	