

**EAGLE MOUNTAIN-SAGINAW INDEPENDENT SCHOOL DISTRICT
TRAVEL EXPENSE VOUCHER**

DPAY# _____

Date _____

ACCOUNT CODE: _____

Name _____

Departure Date _____

Departure Time _____

Campus/Dept _____

Return Date _____

Return Time _____

Destination _____

Purpose of Trip _____

Estimated Expenses

*To be completed by
Business Office:*

*To be completed by
employee AFTER the trip:*

Registration - Reference DPay# _____

Airline Tickets - (lowest avail coach fare) _____

Mileage: _____ miles @ _____ (own vehicle, attach mapquest) _____

Lodging: _____ nights @ _____ per night x _____ rooms _____

^ Do not include Texas State Tax **

Hotel Name: _____

If Double, name of second party: _____

Parking - (self parking rate only) _____

Other - Specify _____

*Meals: *Employee* per diem -(Full Day = \$59) Meal Total: _____

Breakfast _____ @ \$14.00 _____ (must leave by 8:00 am)

Lunch _____ @ \$18.00 _____ (must leave by 10:00 am or return after 1:00 pm)

Dinner _____ @ \$27.00 _____ (must return after 6:00 pm)

***meals provided by the conference/hotel OR included with registrations may NOT BE claimed here**

**Meals: *Student* per diem -(Full Day = \$30) Meal Total: _____

Breakfast _____ @ \$10.00 _____

Lunch _____ @ \$10.00 _____ Total Expenses \$ _____

Dinner _____ @ \$10.00 _____ Advance Requested \$ _____

STUDENT TRAVEL:

estimated # of sponsors _____

estimated # of students _____

****Meal Per Diem Certification Form will be required upon completion.**

I understand that I must return ORIGINAL, ITEMIZED receipts to the Business Office within 10 days after the end of the trip for all items except mileage (mapquest required) per diem meals (proof of attendance required). I authorize the District to withhold from my paycheck any amounts not properly substantiated.

PAYMENT DATE	Prepaid by District
Airlines	\$ _____
Mileage	_____
Lodging	_____
Parking	_____
Other	_____
Total Meals	_____
Total Prepaid	\$ _____

	Actual Expenses
Airline Tickets	\$ _____
Mileage	_____
Lodging	_____
^Hotel Receipt MUST BE Itemized; show breakdown of daily charges	
Parking (self parking rate only)	_____
Other	_____
Meals	_____
*meals provided by the conference/hotel OR included with registrations MAY NOT be claimed here	
Total Expenses	_____
Less: Advance	_____
Less: Prepaid	_____
Net Due Employee	\$ _____
or	
Net Due EMSISD	\$ _____
Employee	Date
Final Signature	Date
Secretary Signature	Date

**NOTE:
ATTENDANCE DOCUMENTATION REQUIRED
TO SUBSTANTIATE MEAL PER DIEM &
MILEAGE UPON COMPLETION OF TRIP.**

Employee Signature _____ Date _____

Supervisor Approval Signature _____ Date _____

Out of State Travel-Deputy Superintendent Signature _____ Date _____