

**TEAGUE INDEPENDENT SCHOOL DISTRICT
EXPENSE ACCOUNT REPORT
REQUEST FOR CHECK/REIMBURSEMENT**
COPY OF WORKSHOP REGISTRATION OR CERTIFICATE AND
OTHER RECEIPTS MUST BE ATTACHED AND /OR LIST OF STUDENTS

PAYABLE TO: _____

DATE: _____

EMPLOYEE: _____

MEETING ATTENDED: _____

PLACE OF MEETING: _____

DATES OF MEETING: _____

ROOM RATE: (Receipt must accompany Reimbursement Request)

\$ _____
ROOM

MEALS RATE: **\$35.00 PER DAY - NUMBER OF DAYS** _____

(Receipt must accompany Reimbursement Request)

MEALS

\$8.00 Student Meals _____

\$8.00 BREAKFAST(S) _____

\$10.00 LUNCH(ES) _____

\$17.00 DINNER(S) _____

\$ _____
MEALS

REGISTRATION FEE: (ATTACH RECEIPT)

\$ _____
REGISTRATION

MILEAGE: ROUND TRIP TO SITE OF MEETING:
_____ MILES AT **50** CENTS PER MILE

\$ _____
MILEAGE

TOTAL AMOUNT OF EXPENSES

CODE: _____

\$ _____
TOTAL AMOUNT

SIGNATURE: _____

APPROVED: _____

MAIL CHECK _____ CHECK TO BE PICKED UP _____