

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 53 CENTS PER MILE

\$ _____

MILEAGE

TOTAL AMOUNT OF EXPENSES

CODE: _____

\$ _____

TOTAL AMOUNT

SIGNATURE: _____

APPROVED: _____

MAIL CHECK _____ CHECK TO BE PICKED UP _____