

**BRAZOS SCHOOL FOR INQUIRY & CREATIVITY  
REIMBURSEMENT OF APPROVED TRAVEL**

To be reimbursed, all original itemized receipts for travel expenses must be included and submitted to the employee's supervisor. Reimbursement must be requested within five (5) working days after the employee's return from travel.

Traveler:		Campus:	<input type="checkbox"/> 001-Bryan	<input type="checkbox"/> 102-Tidwell	<input type="checkbox"/> District
Departure Date:		Return Date:			
Purpose of travel:					
Destination (city, state)				Does travel include personal travel days? <input type="checkbox"/> Yes <input type="checkbox"/> No	
From:				If so, how many days?	
To:					

**School Credit Card**

DATE	DESCRIPTION	MEALS	MILEAGE .58/mile	RENTAL	LODGING	PARKING	FUEL (for rentals only)	OTHER	AMOUNT
<b>TOTALS</b>									

**Personal (out of pocket)**

DATE	DESCRIPTION	MEALS	MILEAGE .58/mile	RENTAL	LODGING	PARKING	FUEL (for rentals only)	OTHER	AMOUNT
<b>TOTALS</b>									

\*MEAL INFORMATION: IF BREAKFAST OR LUNCH PROVIDED AT THE WORKSHOP/CONFERENCE-DO NOT INCLUDE THOSE MEALS.\*

**Non-Overnight Travel Reimbursement Rates (per TEA & USGSA)**

Breakfast: \$7.00 | Lunch: \$13.00 | Dinner: \$16.00 | Maximum Daily: \$36.00

One day workshop/conference – lunch only will be reimbursed if not provided

**Overnight Travel Reimbursement Rates (per TEA & USGSA)**

Breakfast: \$13.00 | Lunch: \$14.00 | Dinner: \$23.00 | Incidentals: \$5.00 | Maximum Daily: \$55.00

Overnight workshop/conference:

First calendar day of travel (calculated at 75% of maximum)

Maximum: \$41.25

(reimbursable for lunch & dinner)

Full daily amount for a single calendar day of travel that is neither the first nor the last day of travel

Maximum: \$55.00

(breakdown above)

Last calendar day of travel (calculated at 75% of maximum)

Maximum: \$41.25

(reimbursable for breakfast & lunch)

<b>TOTAL OUT OF POCKET TO BE REIMBURSED</b>	
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Requestor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved  Disapproved Principal Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved  Disapproved Superintendent Signature: \_\_\_\_\_

Date: \_\_\_\_\_