



TRAVEL EXPENSE CLAIM FORM

Date & Time of Departure: _____ Date & Time of Return: _____

Purpose & Destination of Travel: _____

LODGING: _____ **Must Attach**
 Number of Nights: _____ **Receipt:** _____ **Total** _____

EMPLOYEE MEALS: (Meals will be reimbursed at \$36 per day in the state of Texas)					
Daily Rate:	\$	-			
Breakfasts	\$	-	@	\$ 9.00	= \$ -
Lunches	\$	-	@	\$ 9.00	= \$ -
Dinners	\$	-	@	\$ 18.00	= \$ -
<i>Meals are reimbursable if attendance is required at meeting, training or if the meal had official school business necessity.</i>					Total \$ -

STUDENT MEALS: (Meals will be \$21 per day at \$7 per meal)					
Daily Rate:	\$	-			
Breakfasts	\$	-	@	\$ 7.00	= \$ -
Lunches	\$	-	@	\$ 7.00	= \$ -
Dinners	\$	-	@	\$ 7.00	= \$ -
<i>Meals are reimbursable if attendance is required at meeting, training or if the meal had official school business necessity.</i>					Total \$ -

Auto Expense:					
Number of Miles			@	\$ 0.560	
					<small>Rate Per Mile as of 01/01/2021</small>
<i>Mileage is reimbursable if travel is outside the GCISD or travel outside employee's normal salary package</i>					Total \$ -

Auto Storage / Parking:	Receipt must be attached	Total	\$ -
Public/Commercial Transportation: Receipt must be attached (Taxi, bus, shuttle, trolley, etc)		Total	\$ -

Registrations:			
Conference / Seminar / Meeting Registration: Receipt must be attached		Total	\$ -
Other Expenses: Receipt must be attached & explanation of expense			
			Total \$ -

TOTAL OF EXPENSES CLAIMED: \$ -
 Less any cash advance: \$ -
 Balance: \$ -

Submitted By: _____	Approved & Reviewed by: _____	Out of State Travel Approval: _____
Print name of Employee	Printed Name & Title	DaiAnn Mooney Chief Financial Officer
Signature of Employee	Signature of approving Administrator	Signature of Chief Financial Officer
Date	Date	Date