KERRVILLE INDEPENDENT SCHOOL DISTRICT
TRAVEL VOUCHER AND EXPENSE REIMBURSEMENT

NAME:	*DATE:*
CAMPUS:	

DATE	DESTINATION	DESCRIPTION/PURPOSE	MILES	MEALS	OTHER
		Total Miles			
		Rate	0.55		
		Totals			

Special Note: *$8.00 Breakfast (overnight)*
$11.00 Lunch (day workshop)
$17.00 Supper (overnight)

I certify that I am going or have gone to the places listed above for approved business.

Signature: ______________________________

Total Expense ____________________

Department Approval ____________________

Central Office Approval ____________________

Purchase Order # ____________________

Budget Account ____________________

ATTACH TEXAS MAP QUEST

PRINT