

**COLEMAN INDEPENDENT SCHOOL DISTRICT  
STAFF TRAVEL FORM R - REIMBURSEMENT REQUEST FORM**

01/25/2023

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_

Campus/Dept: \_\_\_\_\_

Destination (City): \_\_\_\_\_

Event: \_\_\_\_\_

Event Begin Date and Time: \_\_\_\_\_

Event End Date and Time: \_\_\_\_\_

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

Departure Time: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

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

Return Time: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

**REQUESTED STAFF REIMBURSEMENT:**

**Requested Number of Meals:**

_____ Breakfast \$13.00	_____ Lunch \$15.00	_____ Dinner \$26.00	\$ _____
<i>Leave before 6:00 a.m. or return after 7:00 a.m.</i>	<i>Leave before 12:00 p.m. or return after 1:00 p.m.</i>	<i>Leave before 7:00 p.m. or return after 8:00 p.m.</i>	

Personal Vehicle – Allowed Mileage \_\_\_\_\_ miles @ \$0.655 per mile \$ \_\_\_\_\_

*\*School vehicles must be used unless none are available. If a school vehicle is available and you choose to use your own vehicle, you will not be eligible for reimbursement.*

*\*For mileage reimbursement, attach a google map with beginning address (Coleman) and ending address (hotel or conference)*

Total Due Employee

\$

I certify that the above is true and correct.

Signed: \_\_\_\_\_  
Employee Date

Approved: \_\_\_\_\_  
Director or Principal Date

Staff Travel Expense must be turned in and approved **BEFORE** travel occurs.