

CAYUGA ISD TRAVEL REPORT

Faculty or Staff Member

Destination

Date Leaving

Time

Date Returning

Time

Explanation of Trip (Conference, Workshop, UIL Event, Co-curricular, Extra-curricular, Field Trip, etc.)

MEALS (MUST INCLUDE ALL RECEIPTS)

GENERAL COST GUIDELINES

_____ Student Breakfasts @ \$12.50 \$ _____

_____ Sponsor Breakfasts @ \$12.50 \$ _____

_____ Student Lunches @ \$12.50 \$ _____

_____ Sponsor Lunches @ \$12.50 \$ _____

_____ Student Dinners @ \$15.00 \$ _____

_____ Sponsor Dinners @ \$15.00 \$ _____

ESTIMATED TOTAL COST FOR ALL MEALS ----- \$ _____

ACTUAL TOTAL COST FOR ALL MEALS (INCLUDE RECEIPTS) ----- \$ _____

LODGING (MUST INCLUDE ALL RECEIPTS)

Superintendent's PRIOR approval needed if >\$180/night before taxes

_____ Nights @ \$ _____ per night

ESTIMATED LODGING ----- \$ _____

ACTUAL TOTAL LODGING (INCLUDE RECEIPTS) ----- \$ _____

TRANSPORTATION (MUST INCLUDE ALL RECEIPTS)

Personal Vehicle Use

Use of CISD Transportation is Preferred

_____ Miles @ \$0.50 per mile

Mileage reimbursement \$ _____

Describe other related expenses: fuel, tolls, parking, etc _____ \$ _____

TOTAL TRANSPORTATION ----- \$ _____

OTHER EXPENSES (MUST INCLUDE ALL RECEIPTS)

Description _____

TOTAL OTHER ----- \$ _____

TOTAL EXPENSES TO BE REIMBURSED (IF NECESSARY) ----- \$ _____

Faculty or Staff Signature

Date

Approved by Principal

Date

Approved by Superintendent

Date

Approved by Business Office

Date