

MARLIN INDEPENDENT SCHOOL DISTRICT TRAVEL REQUEST/EXPENSE VOUCHER

PAY TO _____	TITLE _____	DATE _____
CAMPUS/DEPT _____	DESTINATION _____	
DATES COVERED BY TRIP:	DEPARTURE DATE _____	TIME OF DAY _____
	RETURN DATE _____	TIME OF DAY _____

INSTRUCTIONS: Complete the estimated column two weeks prior to your trip and submit for approval. Make one copy for your files and submit two copies to the business office for approval. One will be returned to you and must be used to submit actual daily expenses upon completion.

EXPENSES: (Attach All Itemized Receipts)	Estimated	Actual (Complete after trip & indicate daily expenses)							
TOTAL MILEAGE: Personal Car: 54.5 cents/mile @ _____ miles	Total Estimated \$	Sun <hr/> (Date)	Mon <hr/> (Date)	Tues <hr/> (Date)	Wed <hr/> (Date)	Thurs <hr/> (Date)	Fri <hr/> (Date)	Sat <hr/> (Date)	Total \$
HOTEL: (Attach Receipts)	\$	\$	\$	\$	\$	\$	\$	\$	\$
MEALS: Breakfast (\$11.00)	\$	\$	\$	\$	\$	\$	\$	\$	\$
Lunch (\$12.00)	\$	\$	\$	\$	\$	\$	\$	\$	\$
Dinner (\$23.00)	\$	\$	\$	\$	\$	\$	\$	\$	\$
REGISTRATION FEE: (Attach Receipts)	\$	\$	\$	\$	\$	\$	\$	\$	\$
OTHER: _____ (Attach Receipts)	\$	\$	\$	\$	\$	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$	\$	\$	\$	\$	\$

CONCISE STATEMENT OF PURPOSE OF TRIP: _____

Signature of Employee

Signature of Principal/Supervisor

Signature of Superintendent