

# MARLIN INDEPENDENT SCHOOL DISTRICT TRAVEL REQUEST/EXPENSE VOUCHER

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

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: 57.5 cents/mile @ _____ miles	Total Estimated \$	Sun _____ (Date)	Mon _____ (Date)	Tues _____ (Date)	Wed _____ (Date)	Thurs _____ (Date)	Fri _____ (Date)	Sat _____ (Date)	Total \$
HOTEL: (Attach Receipts)	\$	\$	\$	\$	\$	\$	\$	\$	\$
MEALS: Breakfast (\$8.00)	\$	\$	\$	\$	\$	\$	\$	\$	\$
Lunch (\$12.00)	\$	\$	\$	\$	\$	\$	\$	\$	\$
Dinner (\$16.00)	\$	\$	\$	\$	\$	\$	\$	\$	\$
REGISTRATION FEE: (Attach Receipts)	\$	\$	\$	\$	\$	\$	\$	\$	\$
OTHER: _____ (Attach Receipts)	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$	\$	\$	\$	\$	\$	\$

CONCISE STATEMENT OF PURPOSE OF TRIP: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of Principal/Supervisor

\_\_\_\_\_  
Signature of Superintendent