



Georgetown ISD Travel Expense Summary Report

Employee Name _____ Last 4 digits SSN _____

Date(s) of Travel _____ Campus _____

Reason for Travel _____ PO/CK Request# _____

Time In/Out From HQ	Date	Cost of Meals **	Cost of Hotel **	Other Costs **	Total Costs
Totals >>>>					
Use MapQuest, Yahoo, or other mapping websites			miles @ \$0.575 per mile =		
Print and submit copy		Mileage		Total Reimbursement Earned >>>	
** - requires itemized receipts				Less Advance Travel >>>	
				Amount due to (from) Employee	

***Hotel maximums** can be found on Federal Per Diem Chart at <https://fmx.cpa.state.tx.us/fm/travel/travelrates.php> Hotel maximum includes any allowable taxes. We are exempt from State sales & hotel occupancy taxes. The exemption forms should be given to the hotel at check in. Forms are available on the GISD website.*

NOTE: Employees must stay overnight or have an extended work day to qualify for meal reimbursement.

***Meal maximum** per full day is \$40. For partial days, apply the following percentages to the meal allowance - 25% Breakfast (\$10), 33% Lunch (\$13.20), or 42% Dinner (\$16.80)*

Description of Other Costs Listed Above: _____

I affirm that the above mentioned travel was conducted for school purposes, and that the amounts reported here are accurate to the best of my knowledge.

Employee Signature

Date

Budget Code _____

Budget Manager/Supervisor Signature

Date