

**SNOOK ISD EMPLOYEE EXPENSE REPORT FOR
OVERNIGHT TRAVEL**

Employee Name _____

Trip Origin _____

Trip Destination _____

Departure Date _____

Return Date _____

Departure Time _____

Return Time _____

Purpose of Trip

Multiply the number of meals by the reimbursement rates. Do not attach receipts.

Meals: # of Breakfasts _____ X (\$12.00) = _____

 # of Lunches _____ X (\$18.00) = _____

 # of Dinners _____ X (\$25.00) = _____

Mileage: _____ miles @ \$0.67 _____

Hotel: _____

Parking: _____

Other (Explain): _____

Advance/Prepayment: _____

Total Due to Employee: _____

Employee Signature

Supervisor Signature

Date Submitted to Business Office