

# Hereford Independent School District Travel Expense Report

\_\_\_\_\_  
Meeting or Conference

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Location of Meeting

\_\_\_\_\_  
Time & Date of Departure

\_\_\_\_\_  
Time & Date of Return

\_\_\_\_\_  
Business Office Initial & Date

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

## TO BE COMPLETED BY BUSINESS OFFICE

A. Hotel (Receipt) \_\_\_\_\_

B. Meal Reimbursement	Breakfast	_____x10.00 _____	
	Lunch	_____x13.00 _____	
	Dinner	_____x17.00 _____	
	Meal Total	_____	_____

(Actual receipts not to exceed district calculated rate) Itemized Receipts

C. Transportation Expense Miles \_\_\_\_\_x .40 \_\_\_\_\_

(Mileage reimbursement or lowest airfare)

D. Car Rental \_\_\_\_\_

E. Registration Fees (and required completion form) \_\_\_\_\_

F. Cab Fare \_\_\_\_\_

G. Hotel Parking fees \_\_\_\_\_

H. Other (list) \_\_\_\_\_  
\_\_\_\_\_

Grand Total \$ \_\_\_\_\_

Account Code \_\_\_\_\_