Montgomery Independent School District
Authorization for Travel & Reimbursement: Staff or Student

Name:_____   Vendor# _____   Organization/Position:_____

Event Name:_____   City:_____   State:_____

Type of Travel: Employee Only   Student and Sponsor (# of Students _____   # of Sponsors _____

Within 90 Miles of MISD (overnight stays only)   **Out of State Travel   Conference/Event Start _____**

Departure: Date_____   Time_____   Estimated Return: Date_____   Time_____

Additional Sponsor Name(s) _____   **Traveler Cell Phone # _____**

Transportation: Driver/Person in charge of trip: _____

Transportation request completed?   District Bus requires separate request submitted to Transportation)

	Estimated Cost	Reimbursement		Req or PO Number
Registration Fee	$_____	$_____	Credit Card	_____
Hotel Fee minus state tax	$_____	$_____	Credit Card	_____
Student/Sponsor Meals		$_____	**Student/Sponsor Meals**	_____
Advance Check are for Student Events Only				
Employee Only Meals	$_____	$_____		
Mileage *Calculate using round trip miles*:				
___,____ miles X = Rate	$_____	$_____		
Car Rental	$_____	$_____	**Car Rental** _____	
Parking Minus State Tax	$_____	$_____		
Other Charges: _____	$_____	$_____		

Employee Reimbursement PO or Req# - This PO will include Employee Only Meals/ Mileage/Parking/Other Charges to be reimbursed per estimated amount

Estimated Amt

Reimbursement Total
$_____

_____

Budget Code (Employee):_____   Budget Code (Student):_____

Needed forms for Estimated Cost:			**Needed forms for Reimbursement**	
Registration Fee Confirmation	Staff/Student List	Mileage Estimate map not needed only estimate	Toll Receipts	Mapquest <u>TO & FROM</u> the event
Hotel Confirmation - Breakdown of Hotel Charges (Minus State Hotel Occupancy Tax)	Meal Breakdown		Hotel Receipts	Parking Receipts
			Student Meal Disbursement Form/Dinner Receipt Federal Travel Meal Receipts	

Comments:

Administrative/Supervisor Signature Required below for any Travel Reimbursement exceeding 10% of Estimated amount.

Administrative Supervisor Signature Required below for all Admin. Travel

_____   _____   _____   _____
Signature of Employee [Traveler]   **Date**   **Acknowledgement by Administrator/Supervisor**   **Date**

Revised 01/10/24

Employee Travel – Reimbursable for Overnight Stays Only

DATE_____	DATE_____	DATE_____	DATE_____	DATE_____
BREAKFAST 8.00	BREAKFAST 8.00	BREAKFAST 8.00	BREAKFAST 8.00	BREAKFAST 8.00
LUNCH 12.00	LUNCH 12.00	LUNCH 12.00	LUNCH 12.00	LUNCH 12.00
DINNER 20.00	DINNER 20.00	DINNER 20.00	DINNER 20.00	DINNER 20.00
TOTAL _____	TOTAL _____	TOTAL _____	TOTAL _____	TOTAL _____

Student and Teacher Travel

DATE_____	DATE_____	DATE_____	DATE_____	DATE_____
BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST
LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
DINNER	DINNER	DINNER	DINNER	DINNER
DAILY AMOUNT _____ X # of students and sponsors _____ = TOTAL _____	DAILY AMOUNT _____ X # of students and sponsors _____ = TOTAL _____	DAILY AMOUNT _____ X # of students and sponsors _____ = TOTAL _____	DAILY AMOUNT _____ X # of students and sponsors _____ = TOTAL _____	DAILY AMOUNT _____ X # of students and sponsors _____ = TOTAL _____

First and Last day B 12.00 - L 14.00 - D 22.00   **Federal Travel**   Days in between B14.00 - L 16.00 - D 22.00

FIRST DAY DATE_____	DATE_____	DATE_____	DATE_____	LAST DAY DATE_____
BREAKFAST _____	BREAKFAST _____	BREAKFAST _____	BREAKFAST _____	BREAKFAST _____
LUNCH _____	LUNCH _____	LUNCH _____	LUNCH _____	LUNCH _____
DINNER _____	DINNER _____	DINNER _____	DINNER _____	DINNER _____
TOTAL _____	TOTAL _____	TOTAL _____	TOTAL _____	TOTAL _____

Revised 01/10/2024