EMPLOYEE TRAVEL REQUEST/EXPENSE VOUCHER
MINERAL WELLS INDEPENDENT SCHOOL DISTRICT

PO# _____

Employee_____**Title**_____ **Date:**_____

School: _____ **Destination** _____

Departure date: _____ **Time of Day:** _____ **Return Date:** _____**Time of Day:**_____

Room will be shared with: _____

Purpose of trip: _____

Payable To:	Account # To Be Charged	Amount
Hotel		$
Registration		$
Payable To:		$
Payable To:		$
Payable To:		$

Expense	Advance	Actual	Total
Total Mileage_____X .39/mile	$	$	$
Airfare	$	$	$
Hotel	$	$	$
Meals-Per Diem	$	$	$
Registration Fee	$	$	$
Other	$	$	$
	$	$	$
	$	$	$
	$	$	$
Total	$	$	$
Amount owed District	$	$	$
Amount owed Employee	$	$	$
Total	$	$	$

***I understand that Receipts for advances (other than meals) must be returned to the Business Office within 10 days from return date.**

_____ _____
Signature of Employee Date

_____ _____
Signature of Supervisor Date

1. Texas Mileage chart must be used to receive advance mileage. www.window.state.tx.us
2. Advance for Hotels, Registration and Airfare cannot be made to the employee, check can only be made to the vendor. Please state above if the room is being shared.
3. A full day of meals is not paid unless the employee is gone from 7AM until 7PM. The distribution shall be as follows:

Breakfast	$ 5.00
Lunch	$10.00
Dinner	$15.00

4. Advances can only be made if this form is received in the Business Office ten (10) days prior to the departure date

Date Received by Business Office:

EFFECTIVE 9/1/06