

**YORKTOWN INDEPENDENT SCHOOL DISTRICT  
YORKTOWN, TEXAS**

**TRAVEL REPORT FOR YISD STAFF**

Submit to immediate supervisor.

NAME: \_\_\_\_\_ CAMPUS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_

Date of Travel	Location	Title of workshop or meeting	Miles Traveled

**Total Miles Traveled** ----- \_\_\_\_\_

**Total Travel** \_\_\_\_\_ miles at \_\_\_\_\_ ¢ per mile \_\_\_\_\_

**PLUS EXPENSES INCURRED**

EXPENSES - PLEASE ATTACH BILLS							
MEALS							
Date	Breakfast	Noon	Evening	Lodging	Parking	Other	Total

**Total expenses incurred** ----- \_\_\_\_\_

**Total amount to be reimbursed** ----- \_\_\_\_\_

I certify that the above expenses are true and correct and were incurred by me in the performance of my official duties in accordance with policies of my Board of Education and according to regulations of the Texas Education Agency.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(person making report)

Approved by: \_\_\_\_\_ Acct. #: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
(business manager)