



**LIBERTY HILL ISD**

**Travel Request and Expense Reimbursement**

Traveler to complete the top section and obtain supervisor's approval prior to trip. Only one traveler per form.

Today's Date: \_\_\_\_\_ Campus: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Reason for Travel: \_\_\_\_\_ Destination: \_\_\_\_\_

Departure Date and Time: (Time must be specific- i.e. 7:00 am) \_\_\_\_\_

Return Date and Time: (Time must be specific – i.e. 8:00 pm) \_\_\_\_\_

**NOTE:** Per local guidelines, the lodging rate is \$100 plus city/local taxes per night, per employee. This amount may be increased up to the amount published in the current GSA with supervisor approval. To locate the current GSA please go to [www.gsa.gov/portal/category/100120](http://www.gsa.gov/portal/category/100120). If the location is not published in the GSA, the \$100 limit will be used. The employee is responsible for any cost greater than \$100 or the GSA rate. A GSA rate over \$150 requires CFO approval.

Employee Signature: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

CFO Signature (if lodging greater than \$150) \_\_\_\_\_

**Traveler to complete the bottom section upon return from trip. After attaching receipts for expenses, Mapquest of mileage, toll calculator and an agenda, obtain supervisor's approval. Do not include cost of items previously paid for (i.e. hotel, airfare, and registration).**

- Meal reimbursements up to \$46/per day—traveler must include original, itemized receipts
- Traveler must provide agenda—meals not reimbursable if provided at event
- Mileage reimbursed at \$0.50/mile—traveler must include MapQuest of trip
- Parking and other expenses reimbursed with receipt
- Provide all required documents to campus bookkeeper with this form
- Accounts Payable Office must have all required documents and an approved Travel Request and Expense Reimbursement form within **15 days of travel**.

Date	Mileage	Food	Parking	Other	Total
<b>Total Employee Reimbursement</b>					

**\*BY SIGNING I CERTIFY THAT ALL EXPENSES ARE ACTUAL AND ACCURATE\***

BUDGET CODE: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Business Office Approval: \_\_\_\_\_

Date: \_\_\_\_\_