



Jarrell ISD TRAVEL REIMBURSEMENT (Fill in Yellow cells)

EMPLOYEE NAME	CAMPUS	DEPT	PO #	TODAYS DATE

Purpose of Travel	Bond Pricing, Parking
--------------------------	------------------------------

Trip / Travel Details						Totals
Dates of Travel						
From City						
To City						
Total Daily Mileage (.70/mile)						0

Hotel/Lodging						0.00
Meals						0.00

Tranportation						
Airfare						0.00
Vehicle Rental						0.00
Taxi, Uber						0.00
Parking, Tolls						0.00
Gas (rental only)						0.00
Other (Regist, fees)						0.00
Total Reimburse						0.00

Required supporting documents as follows:

PO number must be noted above and dated prior to travel date.
Reimbursement request should be submitted within 30 days of travel
All receipts need to be itemized
Do not include state sales tax for reimbursement.
Mileage request should include map showing total driven.

I certify that these expenses were actual and were incurred in
accordance with JISD policy and have not previously been

I have reviewed the request and found them to be in
accordance with JISD policy and approve for reimbursement.

Employee Name _____ Date _____

Employee Supervisor _____ Date _____