

**MILLSAP INDEPENDENT SCHOOL DISTRICT
TRAVEL EXPENSE ESTIMATE FORM**

Staff member's name	Staff member's campus
Start date of travel	End date of travel
Meeting or event destination (Ex: Austin, TX)	
Other staff members that will be traveling with you	
Purpose of trip and duties performed	

Staff Travel Expenses

Number of Staff Traveling		Rate	Estimated Expenses	Office Use Only	
Mileage (if school vehicle is not available)		0.670			
Fuel					
Daily Meal Allotment					
	Days * Staff				
Lodging					
	Nights * Rooms				
Parking, Shuttle, Taxi					
Other expenses (list)					
Total Staff Travel Expenses					

Student Travel Expenses

		Rate	Estimated Expenses		
Number of Students Traveling	17	Girls			
Fuel					
Daily Allotment					
	Days * Students				
Lodging					
	Nights * Rooms				
Parking, Shuttle, Taxi					
Other expenses (list)					
Total Student Travel Expenses					

Total Staff & Student Travel Expenses

Staff Travel Expense Account Code (6411)					
Student Travel Expense Account Code (6412)					
Total of Account Codes		\$ -			

Overpaid/Underpaid

Supervisor Approval

Superintendent Approval

Athletic Director (if applicable)

Business Office Approval

The person who prepares this travel estimate is typically the staff person who will be traveling. The final expense report must be filed within **two** workdays after returning from the travel event. **Receipts must be attached to final submission.** Failure to justify all expenses with receipts may cause the business office to deduct advance amounts from payroll earnings. I have reviewed this form for accuracy and agree to the assigned responsibilities.

Staff Member Signature

Date

Fill in all the yellow spaces Then print

Link to browse for state rate hotels

http://portal.cpa.state.tx.us/hotel/hotel_directory/index.cfm