

# CROSBY INDEPENDENT SCHOOL DISTRICT

## TRAVEL EXPENSE REPORT

Please note: Google Maps supporting listed trips are required to be attached to this form.

Name: \_\_\_\_\_ Budget Code: \_\_\_\_\_

Address: \_\_\_\_\_ Campus/Department: \_\_\_\_\_

DATE	PURPOSE	FROM	To	MILES TRAVELED
Reimbursement Rate				<b>X</b> \$ 0.655
Reimbursement Amount				

Travel reimbursement claims should be submitted to the Business Office within 30 days of completion of travel.

\_\_\_\_\_  
Traveler's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal/Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Financial Officer's Signature

\_\_\_\_\_  
Date