

Runge Independent School District P.O. Box 158 Runge, TX 78151

2020-2021

Travel Reimbursements

District Travel Consideration	Student Rates	Board, Employee, and Superintendent Rates
Mileage	Not Applicable	.575 cents per mile
Lodging	Up to \$96.00 1	Up to \$96.00 1
Meals	Up to \$40.00	Up to \$40.00
Meal Breakdown	Breakfast: \$10.00 Lunch: \$12.00 Dinner: \$18.00	Breakfast: \$10.00 Lunch: \$12.00 Dinner: \$18.00

Student Day Trip:

Receipt required at \$9.00 per meal or \$18.00 for two meals. Post district meals increase to \$12.00 per meal or \$24.00 for two meals. Employees traveling with students must also use student meal prices.

Employees:

Day Trips: Receipts for reimbursement based on meal breakdown. **Overnight Trips:** Meal receipts must be submitted upon return from trip.

Travel Note:

Rates: Student and all other district rates are set as listed in the chart.

1 In extenuating circumstances the superintendent may authorize a rate no higher than those posted by the Texas State Comptroller.

Contact the following with questions:

Business Manager Superintendent

(830) 239-4315 ext. 206 (830) 239-4315 ext. 204

Recommendation and Source:

Texas Comptroller of Public Accounts, Window on State Government https://fmx.cpa.state.tx.us/fm/travel/travelrates.php

2020-2021 Runge Independent School District Employee Travel Request

Name	Campus				
Address		City	Zip		
Budget Code:					
Date/Dates:					
			n:am/pm		
			nust depart by 6:00 a.m. nan 8:00 p.m. for dinner.		
	Breakfast	@ \$10.00	\$		
	Lunch	@ \$12.00	\$		
	Dinner	@ \$18.00	\$		
Mileage Reimbursem	nent:				
miles at .58 cents per mile			\$		
Total Reimbursement Claim			\$		
Employee Signature/Date		Supervisor/Da	te		
Supervisor/Date		NOTE:			
Superintendent/Date					

2020-2021 Runge Independent School District Student Travel Request

Extracurricular Activit	ty/Event:		
Budget Code:			
Purpose of Travel:			
Date/Dates:			
Time of Departure:	am/pm	Time of Return:	am/pm
			st depart by 6:00 a.m. n 8:00 p.m. for dinner.
	Breakfast	@ \$ 10.00	\$
	Lunch	@ \$12.00	\$
	Dinner	@ \$18.00	\$
Meal Reimbursemen	t Claim		\$
Claim	_ X No. Students	=	\$
Attach an itinera	ry and/or list of spor	nsors and students	attending event.
Sponsor Signature/Date		NOTE:	
Supervisor/Date			
Superintendent/Date	<u> </u>		