Travel Request & Reimbursements

District Travel Consideration	Student Rates	Board, Employee, and Superintendent Rates
Mileage	Not Applicable	.625 cents per mile
Lodging	Up to $96	Up to $96
Meals	Up to $40	Up to $40
Meal Breakdown	Breakfast: $10 Lunch: $12 Dinner: $18	Breakfast: $10 Lunch: $12 Dinner: $18

Receipts are required for all meals and lodging.

Travel Note:

Student and all other District rates are set as listed in the chart. In
In extenuating circumstances, the Superintendent may authorize a higher rate.

Contact the Superintendent with any questions.

Runge Independent School District
Employee / Trustee Travel Request

Name: _____ Vendor Number: _____

Address: _____ City: _____ Zip: _____

Purpose of Travel: _____

_____

Date(s): _____

Time of Departure: _____ AM / PM Time of Return: _____ AM / PM

Meal Reimbursements: To qualify for meals, claimants must depart by 6:00 a.m. for breakfast, 10:00 a.m. for lunch, and return no earlier than 8:00 p.m. for dinner.

Number	Meal	Amount	Total
	Breakfast	at $10	$_____
	Lunch	at $12	$_____
	Dinner	at $18	$_____
Total Meal Money			$_____

Mileage Reimbursement: _____ miles at .625 cents per mile $_____

Total Request	$_____

ATTACH ALL SUPPORTING DOCUMENTATION

Employee/Trustee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Superintendent Signature: _____ Date: _____

Budget Code: _____

Runge Independent School District
Student Travel Request

Name: _____ Date Submitted: _____

Address: _____ City: _____ Zip: _____

Purpose of Travel: _____

_____

Date(s): _____

Time of Departure: _____ AM / PM Time of Return: _____ AM / PM

Meal Reimbursements: To qualify for meals, claimants must depart by 6:00 a.m. for breakfast, 10:00 a.m. for lunch, and return no earlier than 8:00 p.m. for dinner.

Number	Meal	Amount	Total
	Breakfast	at $10	$_____
	Lunch	at $12	$_____
	Dinner	at $18	$_____
Total Meal Money			$_____

ATTACH ALL SUPPORTING DOCUMENTATION INCLUDING A LIST OF STUDENTS ATTENDING THE EVENT

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Superintendent Signature: _____ Date: _____

Budget Code: _____