

**AVINGER ISD REIMBURSEMENT REPORT
TRAVEL AND MEALS**

Name: _____

Date: _____

DATE	LOCATION	MILEAGE

I CERTIFY THAT THE EXPENSE REPORTED HERE ARE TRUE AND CORRECT IN THE TOTAL AMOUNT DUE.

TOTAL MILEAGE

X .44

EMPLOYEE SIGNATURE

TOTAL MILEAGE AMOUNT _____

MEAL ALLOWANCE

Breakfast: \$7.00

Lunch: \$8.00

Dinner: \$10.00

TOTAL AMOUNT OF MEALS: _____

Receipts Required

TOTAL MEALS:

TOTAL LODGING:

TOTAL AMOUNT DUE: