

**SONORA INDEPENDENT SCHOOL DISTRICT
TRAVEL SETTLEMENT FORM**

Traveler						PO #	
Dates of Travel	From:	/	/		To:	/	/
Departure Time				Return Time			
Destination/Purpose							
Shaded areas must be completed							
Items marked with an (*) require an itemized receipt to be submitted with the Travel Settlement Form.							
DATE	/	/	/	/	/	/	TOTAL
Breakfast							
Lunch							
Dinner							
Total Per Day							
(# of meals dependent on time of departure/return--not to exceed \$36.00 per day)							
*Hotel							
*Taxi/Bus Fares							
*Plane Fares							
Auto Mileage @ \$.535/mi							
*Parking Tolls							
*Other (Explain below)							
Total							

TRAVELER'S SIGNATURE: _____ Date: _____

I confirm that this reimbursement request represents true and accurate amounts paid by me and has not exceeded the maximum allowable by the school district's guidelines and does not include alcoholic beverages, tips or gratuity.

SUPERVISOR'S APPROVAL: _____ DATE: _____