

SONORA INDEPENDENT SCHOOL DISTRICT
TRAVEL SETTLEMENT FORM
Revised 3/2024

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							
(# of meals dependent on time of departure/return--not to exceed \$38.00 per day)							
*Hotel							
*Taxi/Bus Fares							
*Plane Fares							
Auto Mileage @ \$.67/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, entertainment or meals for spouses or non-district personnel.

SUPERVISOR'S APPROVAL: _____ DATE: _____