

# GILMER INDEPENDENT SCHOOL DISTRICT EXPENSE REPORT

*(Must be completed and submitted within 7 days following travel.)*

<b>Name:</b>					<b>Date (if travel):</b>			
<b>PO #: (Must be provided)</b>					<b>Check # (employee adv.):</b>			
<b>DATE</b>	<b>SUN</b>	<b>MON</b>	<b>TUE</b>	<b>WED</b>	<b>THUR</b>	<b>FRI</b>	<b>SAT</b>	<b>TOTAL</b>
<b>MEALS: For entire day use per diem line only, if partial day use individual meal amounts.</b>								
Per Diem - \$30.00								
Breakfast - \$7.00								
Lunch - \$8.00								
Dinner - \$15.00								
<b>TRANSPORTION: (Attach copy of Comptroller's Mileage Guide for mileage)</b>								
Mileage								
Public Trans.								
Misc.								
<b>MISC.: ( Attach receipts)</b>								
Misc.								
<b>TOTALS</b>								
						<b>Total Expense:</b>		
						<b>Less Non-Reimbursable Expenses</b>		
						<b>Less Travel Advance</b>		
						<b>Due to Employee</b>		
						<b>Due to GISD</b>		
<b>Employee Signature:</b>							<b>Date:</b>	
<b>Supervisor Signature:</b>							<b>Date:</b>	