

**Tidehaven Independent School District's  
Reimbursement/Expense Voucher  
Attach or Turn in All Receipts**

Date: \_\_\_\_\_ Total Amount Requested: \$ \_\_\_\_\_

Payable to: \_\_\_\_\_ Campus: \_\_\_\_\_

Purpose: \_\_\_\_\_  
(Activity-band, FFA, Football, Workshop, etc.) and Group (UIL, JV, Varsity, etc.) Boys or Girls

Destination: \_\_\_\_\_  
(Attach itinerary or schedule of trip)

Date and Time Departing: \_\_\_\_\_ AM or PM

Date and Time Returning: \_\_\_\_\_ AM or PM

Meals: # \_\_\_\_\_ Students @ \$6.00 per meal X # \_\_\_\_\_ meals = (Attach receipts) \$ \_\_\_\_\_

# \_\_\_\_\_ Employees @ \$6.00 per meal X # \_\_\_\_\_ meals = (Attach receipts) \$ \_\_\_\_\_

Other Expenses:

Registration Fee (Attach receipts)..... \$ \_\_\_\_\_

Motel Cost: # \_\_\_\_\_ rooms X # \_\_\_\_\_ nights (Attach receipts)..... \$ \_\_\_\_\_

Name of Motel/hotel: \_\_\_\_\_ Phone # \_\_\_\_\_

A separate check will be made out to the motel. District's per diem overnight rate is \$109.00 (\$85.00 room and \$24.00 for meals per day)

Miscellaneous expenses (parking, etc.) (Attach receipts)..... \$ \_\_\_\_\_

TOTAL EXPENSES/REIMBURSEMENT..... \$ \_\_\_\_\_

Date turned in: \_\_\_\_\_ Signature: \_\_\_\_\_

Date approved: \_\_\_\_\_ By: \_\_\_\_\_  
Principal (MANDATORY)

Date approved: \_\_\_\_\_ By: \_\_\_\_\_  
Superintendent

FOR BUSINESS OFFICE USE ONLY

Charge to account # \_\_\_\_\_

Vendor # \_\_\_\_\_