# NORTH ZULCH ISD
# 2026-27 CONFERENCE/TRAVEL EXPENSE REPORT
# STAFF ONLY REPORT

**MUST OBTAIN TAX EXEMPT CERTIFICATE PRIOR TO THE TRIP OR STATE TAXES BECOME REQUESTOR'S RESPONSIBILITY**

**NAME:**_______________________________________ DATE OF EVENT:_______________________

**EVENT NAME**:________________________________________________________________________

DESTINATION:____________________________ PURPOSE OF TRIP______________________________

MILEAGE FROM NZISD TO ____________________ = __________ MILES (x2) = _____________ **TOTAL MILES**

PERSONAL VEHICLE – ($0.76 per mile) x # of MILES ______ = _________________ **TOTAL**

- *Prior approval is needed as this is dependent on fleet vehicle availability. Personal vehicle mileage is reimbursed for a round-trip from school to the event, based on Google Maps.*

❒ **LODGING** – Per night $ ____________ x #DAYS_______ = ________________ **TOTAL**

*Lodging must NOT include State Tax (it will include local hotel tax)*

**STAFF MEALS –** *per diem allowed for staff only travel,* ***no receipts required***

❒ MEALS (Non-Overnight Travel (1 meal)-within 1 hour of NZISD) $20.00 x # OF DAYS _____ = _______ **TOTAL**

❒ MEALS (Non-Overnight Travel (2 meals) or first & last day of travel for overnight - over 1 hour from NZISD)

$51.00 x # OF DAYS _____ = _______ **TOTAL**

❒ MEALS (Overnight Travel or full day away from home (3 meals)) $68.00 x # OF DAYS _____ = _______ **TOTAL**

❒ TOLLS & PARKING (requires ticket stubs or receipts) = _________________

❒ OTHER MISC. ___________________________________ = _________________

(must have receipts) ___________________________________ = _________________

**TOTAL EXPENSES** = _________________

❒ SCHOOL CREDIT CARD CHARGES (Name on card) ______________________ = _________________

❒ PERSONAL REIMBURSEMENT = _________________

*PRINCIPAL, AD, OR SUPERVISOR SIGNATURE IS REQUIRED BEFORE SENDING TO BUSINESS OFFICE.*

***SUPERINTENDENT SIGNATURE IS REQUIRED BEFORE PROCESSING ANY PAYMENT.***

_________________________________________ _________________________

PRINCIPAL, AD, OR SUPERVISOR DATE

_________________________________________ _________________________

SUPERINTENDENT DATE

RETURN THIS COPY WITH THE FOLLOWING:

ALL RECEIPTS TAPED ON PAPER * CREDIT CARD USED