

P.O. Box 50 Doss, TX 78618

### 2021-2022 Travel Reimbursements

District Travel Consideration	Student and Staff Non-Overnight		Staff and Key Officials Overnight Travel	
Mileage	56 cents per mile		56 cents per mile	
Lodging	Not Applicable		Up to \$96.00 <b>1</b>	
Meals	Up to \$36.00		Up to \$55.00	
Meal Breakdown	Breakfast: Lunch: Dinner:	\$10.00 \$12.00 \$14.00	Breakfast: Lunch: Dinner:	\$14.00 \$16.00 \$25.00

#### **Student Day Trip:**

Receipt required for meals at the rates listed in the chart above. Special requests must be approved by Administrative Consultant. Staff traveling with students or for non-overnight use student rate.

#### **Employees:**

**Day Trips:** Receipts for reimbursement based on meal breakdown. **Overnight Trips:** Meal receipts must be submitted upon return from trip.

Staff traveling without students overnight use the staff/key official rates.

#### **Travel Note:**

Rates: Student and all other district rates are set as listed in the chart.

1 In high rate areas the Administrative Consultant may authorize a rate no higher than those posted by the Texas State Comptroller.

#### **Contact the following with questions:**

Administrative Assistant Administrative Consultant (830) 669-2411 (830) 669-2411

#### **Recommendation and Source:**

Texas Comptroller of Public Accounts, Window on State Government https://fmx.cpa.state.tx.us/fm/travel/travelrates.php

Doss CCSD Board Approved: 07.01.21 Effective Immediately Following Approval

# 2021-2022 **Doss Consolidated Common School District**Employee/Key Official Travel Request

Employee/Official Na	me		
Address		City	Zip
Budget Code:			
Purpose of Travel: _			
Time of Departure:	am/pm	Time of Retur	n: am/pm
			oust depart by 6:00 a.m. an 8:00 p.m. for dinner.
	Breakfast	@ \$14.00	\$
	Lunch	@ \$16.00	\$
	Dinner	@ \$25.00	\$
Mileage Reimbursem	ent:		
	miles at .56 cents	per mile	\$
Total Reimbursemen	t Claim		\$
Employee Signature/	Date	NOTE:	
Administrative Consu	ultant/Date		

Doss CCSD FY22 Rates Presented 07.01.21

## 2021-2022

## Doss Consolidated Common School District Student/Employee Non-Overnight Travel Request

Extracurricular Activit	ty/Event:		
Budget Code:			
Purpose of Travel: _			
Date/Dates:			
Time of Departure:	am/pm	Time of Return	n: am/pm
			ust depart by 6:00 a.m. an 8:00 p.m. for dinner.
	Breakfast	@ \$10.00	\$
	Lunch	@ \$12.00	\$
	Dinner	@ \$14.00	\$
Meal Reimbursemen	t Claim		\$
Claim	_ X No. Students_	=	\$
***Attach an itinera	ary and/or list of spor	nsors and studen	ts attending event.***
Sponsor Signature/Date		NOTE:	
Administrative Consu	ultant/Date		

Doss CCSD FY22 Rates Presented 07.01.21