

Runge Independent School District

P.O. Box 158 Runge, TX 78151

2015-2016

Travel Reimbursements

District Travel Consideration	Student Rates	Board, Employee, and Superintendent Rates	
Mileage	Not Applicable	54 cents per mile	
Lodging	Up to \$85.00 1	Up to \$85.00 1	
Meals	Up to \$30.00	Up to \$40.00	
Meal Breakdown	Breakfast: \$8.00 Lunch: \$10.00 Dinner: \$12.00	Breakfast: \$10.00 Lunch: \$12.00 Dinner: \$18.00	

Student Day Trip:

Receipt required at \$7.00 per meal or \$14.00 for two meals. Post district meals increase to \$10.00 per meal or \$20.00 for two meals. Employees traveling with students must also use student meal prices.

Employees:

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

Employees traveling without students may use the employee meal prices.

Travel Note:

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

1 In extenuating circumstances the superintendent may authorize a rate no higher than those posted by the Texas State Comptroller.

Posted: October 2015

Contact the following with questions:

Business Manager Superintendent

(830) 239-4315 ext. 109 (830) 239-4315 ext. 100

Recommendation and Source:

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

2015-2016 Runge Independent School District Employee Travel Request

Name	Campus				
Address		_City	Zip		
Budget Code:					
Date/Dates:					
			rn:am/pm		
			must depart by 6:00 a.m. han 8:00 p.m. for dinner.		
	Breakfast	@ \$10.00	\$		
	Lunch	@ \$12.00	\$		
	Dinner	@ \$18.00	\$		
Mileage Reimbursen	nent:				
	miles at 54 cents	\$			
Total Reimbursemer	nt Claim		\$		
Employee Signature	/Date	Supervisor/Da	ate		
Supervisor/Date		NOTE:			
Superintendent/Date	<u> </u>				

2015-2016 Runge Independent School District Student Travel Request

Extracurricular Activit	ty/Event:			
Budget Code:				
Purpose of Travel: _				
Date/Dates:				
Time of Departure:	am/pm	Time of Retu	ırn:	am/pm
Meal Reimbursement for breakfast, 10:00 a				
	Breakfast	@\$ 8.00	\$	
	Lunch	@ \$10.00	\$	
	Dinner	@ \$12.00	\$	
Meal Reimbursemen		\$		
Claim	_ X No. Students		= \$	
Attach an itinera	ry and/or list of spor	nsors and stude	ents attendin	g event.
Sponsor Signature/Date		NOTE:		
Supervisor/Date				
Superintendent/Date				