

Runge Independent School District P.O. Box 158 Runge, TX 78151

2018-2019 Travel Reimbursements

District Travel Consideration	Student Rates	Board, Employee, and Superintendent Rates	
Mileage	Not Applicable	.545 cents per mile	
Lodging	Up to \$91.00 1	Up to \$91.00 1	
Meals	Up to \$40.00	Up to \$40.00	
Meal Breakdown	Breakfast: \$10.00 Lunch: \$12.00 Dinner: \$18.00	Breakfast: \$10.00 Lunch: \$12.00 Dinner: \$18.00	

Student Day Trip:

Receipt required at \$9.00 per meal or \$18.00 for two meals. Post district meals increase to \$12.00 per meal or \$24.00 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.

Travel Note:

Rates: Student and all other district rates are set as listed in the chart.In extenuating circumstances the superintendent may authorize a rate no higher than those posted by the Texas State Comptroller.

Contact the following with questions:

Business Manager (830) 239-4315 ext. 206

Superintendent (830) 239-4315 ext. 204

Recommendation and Source:

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

Board Approved: 08/30/2018

2018-2019 **Runge Independent School District** Employee Travel Request

Name	Campus				
Address		_City	Zip		
Budget Code:					
Purpose of Travel:					
Date/Dates:					
Time of Departure:	am/pm	Time of Return:	am/pm		
breakfast, 10:00 a.m. f			depart by 6:00 a.m. for o.m. for dinner. \$		
	Lunch	@ \$12.00	\$		
	Dinner	@ \$18.00	\$		
Mileage Reimburseme	ent:				
Miles at .545 cents per mile			\$		
Total Reimbursemen	t Claim		\$		
Employee Signature/D	Date	Supervisor/Date			
Supervisor/Date		NOTE:			
Superintendent/Date					

2018-2019 Runge Independent School District Student Travel Request

Extracurricular Activity/	Event:		
Budget Code:			
Purpose of Travel:			
Date/Dates:			
Time of Departure:	am/pn	n Time of Return:	am/pm
Meal Reimbursements breakfast, 10:00 a.m. for	. .		1 7
	Breakfast	@ \$ 10.00	\$
	Lunch	@ \$12.00	\$
	Dinner	@ \$18.00	\$
Meal Reimbursement C	\$		
Claim ***Attach an itiner		nts =	

Sponsor Signature/Date

Supervisor/Date

NOTE:

for

Superintendent/Date