



**Travel Request & Reimbursements  
2024-2025**

<b>District Travel Consideration</b>	<b>Student Rates</b>	<b>Board, Employee, and Superintendent Rates</b>
<b>Mileage</b>	Not Applicable	.625 cents per mile
<b>Lodging</b>	Up to \$96	Up to \$96
<b>Meals</b>	Up to \$40	Up to \$40
<b>Meal Breakdown</b>	Breakfast: \$10 Lunch: \$12 Dinner: \$18	Breakfast: \$10 Lunch: \$12 Dinner: \$18

**Student Day Trip:**

Receipts are required for all meals.

**Employees:**

Receipts are required for all meals.

**Travel Note:**

Student and all other District rates are set as listed in the chart. In extenuating circumstances, the Superintendent may authorize a higher rate.

**Contact the Superintendent with any questions.**

**Runge Independent School District  
Employee / Trustee Travel Request  
2024-2025**

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

\_\_\_\_\_

Date(s): \_\_\_\_\_

Time of Departure: \_\_\_\_\_ AM / PM

Time of Return: \_\_\_\_\_ AM / PM

**Meal Reimbursements:** To qualify for meals, claimants must depart by 6:00 am for breakfast, 10:00 am for lunch, and return no earlier than 8:00 pm for dinner.

Number	Meal	Amount	Total
	Breakfast	at \$10	\$ _____
	Lunch	at \$12	\$ _____
	Dinner	at \$18	\$ _____
Total Meal Money			\$ _____

Mileage Reimbursement:

\_\_\_\_\_ miles at .625 cents per mile \$ \_\_\_\_\_

<b>Total Request</b>	<b>\$ _____</b>
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Employee/Trustee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Budget Code: \_\_\_\_\_

**Runge Independent School District  
Student Travel Request  
2024-2025**

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

\_\_\_\_\_

Date(s): \_\_\_\_\_

Time of Departure: \_\_\_\_\_ AM / PM

Time of Return: \_\_\_\_\_ AM / PM

**Meal Reimbursements:** To qualify for meals, claimants must depart by 6:00 am for breakfast, 10:00 am for lunch, and return no earlier than 8:00 pm for dinner.

Number	Meal	Amount	Total
	Breakfast	at \$10	\$ _____
	Lunch	at \$12	\$ _____
	Dinner	at \$18	\$ _____
Total Meal Money			\$ _____

**ATTACH A LIST OF STUDENTS ATTENDING EVENT**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Budget Code: \_\_\_\_\_