WISD BOARD APPROVED DATE: \_

## WESLACO INDEPENDENT SCHOOL DISTRICT Dr. Richard Rivera, Superintendent of Schools STAFF & STUDENT TRAVEL VOUCHER

CAMPUS/DEPT:	CAMPUS/DEPT: NAME & POSIT					
DESTINATION: (city & stat	e)					
FUNCTION:						
DATE & TIME OF DEPARTURE:	AM	PM	DATE & TIME OF RETURN:		AM PM	
BENEFIT TO WISD:						
STATEMENT OF EXPENSES					AMOUNT	
Fare: air, bus, rail (attach recei	ots)					
Leased Vehicle Charges (attach						
Private Vehicle X .655 cents per mile <i>(effective January 2023)</i>						
Lodging (attach receipts)						
Student & Chaperone Meals (at	tach quote)					
Maximum Allowances - Staff M BREAKFAST LUNCH DINNER	eals In State _X \$10.00 = \$ _X \$12.00 = \$ _X \$14.00 = \$		OTAL: \$			
Staff Meals Out of State (attach	receipts)					
Other expenses (attach list of d	etails & expenses) <i>ex:</i>	registration f	ees, entrance fees, et	с.		
IMPORTANT:           Attach class rosters or list of student           For instructional field trips include: The student of t	EKS, lesson plan(s)			TOTAL		
<ul> <li>All documentation must state the Handwritten documentation will NOT</li> <li>NO digital or stamped signatures. Include flyers/registration forms/ager</li> <li>For Region One include workshop</li> </ul>	be accepted. ndas, quotes, etc.					
Signature of Principal/Director		Date	 			
Signature of Deputy/Assistant Superintendent		Date	The abov	The above expenses are true and correct.		
Signature of Superintendent of Sc	hools	Date				
08/22/2023 ic			(si	(signature(s) of requester(s) and/or of all employees being reimbursed)		