



**Texarkana**  
Independent School District

## DAY TRIP MEAL PER DIEM

Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Title: \_\_\_\_\_ School/Dept.: \_\_\_\_\_

Reason For Travel: \_\_\_\_\_

*(Specific name of conference or meeting, sponsor of school group, UIL activity, personal business, etc.)*

***COPY OF CERTIFICATE AWARDED MUST BE ATTACHED***

Date of Travel: \_\_\_\_\_

Destination of Travel: \_\_\_\_\_

**REIMBURSEMENT MADE ON ANY DAY TRIP WILL BE CONSIDERED TAXABLE INCOME  
TO THE EMPLOYEE AND REMITTED IN THE EMPLOYEE'S PAYCHECK**

Breakfast \$ 8.00 \$ \_\_\_\_\_ *allowed if employee left before 7:00 A.M.*

Lunch \$12.00 \$ \_\_\_\_\_

Dinner \$16.00 \$ \_\_\_\_\_ *allowed if employee returned after 6:00 P.M.*

TOTAL \$ \_\_\_\_\_

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

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

Approved  
Signature of Supervisor/Designee: \_\_\_\_\_ Date: \_\_\_\_\_