

**TEXAS ASSOCIATION FOR PUPIL TRANSPORTATION
TRAVEL EXPENSE VOUCHER**

Name: _____ Position (TAPT): _____
(PLEASE PRINT)

School District: _____ Date Submitted: _____

Address: _____
(ADDRESS WHERE CHECK SHOULD BE MAILED)

Purpose of Travel/Expenses: _____

Destination: _____ Date of Travel/Expense: _____

DAILY ITEMIZED TRAVEL EXPENDITURES				
Date	Lodging	*Meals	Air Fare	Total
				\$ _____
				\$ _____
				\$ _____
				\$ _____
Other: _____ (Please explain and attach receipts)				\$ _____
Effective <u>01/1/11</u> Mileage reimbursement rate is \$.51 per mile.				
Total (Round Trip) Mileage: _____ miles x .51 = \$ _____				
TOTAL ACTUAL EXPENDITURES: \$ _____				

*Meal Expense = \$30.00 per day: \$7.00 – Breakfast; \$8.00 – Lunch; \$15.00 = Dinner
Submit this form with receipts within 10 days of the time the expenses were incurred to:
Jolene Hawkins, Exec. Secretary, TAPT, P.O. Box 996, Buchanan Dam, TX 78609

I certify that the information provided in this document is a true statement of expenses incurred for approved official travel in behalf of the Texas Association for Pupil Transportation.

Signature: _____ Date: _____

Office Use Only: Approval: _____ Total Due: \$ _____

Check # _____ Date _____ By _____