

**Iraan-Sheffield Independent School District  
Request for Funds  
(Employees)**

Name: \_\_\_\_\_ Vendor # \_\_\_\_\_

This request is for:  Advancement of Funds  Reimbursement  
*(Receipts are required for reimbursement. The District has a set maximum limit on reimbursable charges.)*

**Requisite Date of Advance** \_\_\_\_\_

**Destination of Trip** \_\_\_\_\_

**Purpose & Date of Trip** \_\_\_\_\_

**Registration/Conference Fees** \_\_\_\_\_

**Lodging**

Name of Hotel	# nights	per night	
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<b>Meals</b>	Breakfast	Lunch	Dinner	
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*The district per diem rate is \$12.00 per meal (\$36.00 per day).*

**Mileage** \_\_\_\_\_ miles X Current State Rate  
 Prior approval must be given by your supervisor/administrator in order for an employee to be reimbursed or advanced money for using a personal vehicle on a school-related trip. You may use mapping software or actual odometer readings to determine mileage.

**Other Expenses:** (Please list ... Receipts are required)


TOTAL AMOUNT OF FUNDS REQUESTED \_\_\_\_\_

**\*\*Upon return, you must provide verification of trip expenses.\*\***

Employee	Date	Principal/Director	Date
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Account Distribution: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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