

**Klondike ISD**

**Employee Non-Overnight Travel Expense  
Meal Reimbursement Form**

Name: \_\_\_\_\_

Date of trip: \_\_\_\_\_

Purpose of trip: \_\_\_\_\_

Location: \_\_\_\_\_

Time of departure: \_\_\_\_\_ Time of return: \_\_\_\_\_

Meals to be claimed: (attach receipt)

Maximum allowance:

Breakfast (\$8.00) \_\_\_\_\_ Lunch (\$10.00) \_\_\_\_\_ Dinner (\$14.00) \_\_\_\_\_

(to be reimbursed through payroll)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

---

**Approved/Disapproved**

Circle as appropriate

\_\_\_\_\_  
Supervisor's signature