

**Dew ISD**  
**TRAVEL AND EXPENSE FORM**

Date: \_\_\_\_\_

NAME OF EMPLOYEE: \_\_\_\_\_

TRIP DESTINATION: \_\_\_\_\_

DATE OF TRIP: \_\_\_\_\_

STARTING POINT: \_\_\_\_\_

ROUND TRIP MILEAGE: \_\_\_\_\_ @ .50 PER MILE

TOTAL AMOUNT: \_\_\_\_\_

PURPOSE FOR TRIP: \_\_\_\_\_

SIGNED: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

Should you have any meal expenses, please insure you attach all receipts to this report.