

Brady Independent School District
Reimbursement Claim for Overnight Travel
Sign Receipts and Attach to Form

Employee Name: _____

Date: _____

Date of Trip: _____

Destination: _____

Purpose of Trip: _____

Did you take a credit card? _____ Yes _____ No

Day One: (10) Breakfast _____

(14) Lunch _____

(22) Dinner _____

Day Two: Breakfast _____

Lunch _____

Dinner _____

Day Three: Breakfast _____

Lunch _____

Dinner _____

Day Four: Breakfast _____

Lunch _____

Dinner _____

Total: _____

Employee Signature: _____

Supervisor Signature: _____