

**HONEY GROVE ISD
EMPLOYEE TRAVEL
SINGLE EVENT**

NAME _____

CAMPUS _____

EVENT DATE _____

DESTINATION _____

EXPENSES (B=\$7, L=\$10, D=\$15)

ROOM _____ \$ _____

MEALS _____ \$ _____

GAS _____ \$ _____

MILEAGE _____ @ .40 \$ _____

MISCELLANEOUS _____ \$ _____

TOTAL _____ \$ _____

EMPLOYEE SIGNATURE / DATE

SUPERVISOR SIGNATURE / DATE

BUSINESS OFFICE SIGNATURE / DATE

CODE