

Seminole Independent School District  
Cash Disbursement Form  
Student Travel

Teacher \_\_\_\_\_ P.O. Number \_\_\_\_\_

Event \_\_\_\_\_ Date of Event \_\_\_\_\_

Destination \_\_\_\_\_

Date Depart Seminole \_\_\_\_\_ Time \_\_\_\_\_

Date Arrive Destination \_\_\_\_\_ Time \_\_\_\_\_

Date Depart Destination \_\_\_\_\_ Time \_\_\_\_\_

Date Arrive Seminole \_\_\_\_\_ Time \_\_\_\_\_

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Entry Fee Amount \_\_\_\_\_

Number of Students \_\_\_\_\_ (Attach List of Names)

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Maximum Single Meal Allotment

A. Breakfast	\$9.00					
B. Lunch	\$9.00	Students _____	x	_____	x	_____ = _____
C. Dinner	\$9.00	# of students		# of meals	# of days	= _____

State meals will be 36.00 a day for everyone, employees included.  
1 day will be increased to 50.00 for everyone, employees included.

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I certify that the above expenses are true and correct and will be incurred by me in the performance of my official duties in accordance with policies of the Seminole Independent School District Board of Education.

Signature of Teacher \_\_\_\_\_