

Employee Travel Responsibility Statement

Hotel/Motel Expenses

According to district guidelines, double occupancy of rooms should be utilized whenever possible and/or feasible (i.e. two individuals of the same sex traveling to the same destination), in the interest of conserving District funds.

I understand that if I choose to stay in my own private room, I will be responsible for any and all additional costs over and above the reimbursement rate set by the district (\$115.00 per day).

I also understand that if the daily rate cost of my room, (even with double occupancy), exceeds the limits shown above; I will be responsible for that expense.

Meals

I understand that I am responsible for any and all costs over and above the meal allowance reimbursement set by the district \$36 per day - local, state and federal.

Mileage

I understand that I am responsible for any and all costs over and above the mileage allowance reimbursement set by the district 44.5¢ per mile - local, state and federal.

I also understand that mileage to various Texas locations has already been calculated and if my travel is to a place other than those listed, reimbursement will be determined by the PISD Business Office.

I AM RESPONSIBLE FOR ALL COSTS OVER AND ABOVE THE REIMBURSEMENT RATES SHOWN ABOVE FOR STATE, FEDERAL AND LOCAL DISTRICT ALLOWANCES AND AM NOT EXPECTING TO BE REIMBURSED FOR THESE COSTS.

Signature of Employee

Date

I ACKNOWLEDGE THAT THE DISTRICT WILL ONLY BE RESPONSIBLE TO PAY AN AGREED AMOUNT OF \$_____. I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ANY COSTS OVER AND ABOVE THIS AMOUNT.

Signature of Employee

Date