

Brady Independent School District
Reimbursement Claim Form for Meals

I request reimbursement for the attached meal receipt.

Any reimbursement to an employee for meals incurred on day trips is taxable to the employee.

Employee Name: _____

Date: _____

Date of Trip: _____

Destination: _____

Purpose of Trip: _____

Amount to be reimbursed: _____

Employee Signature: _____

Supervisor Signature: _____