

**Brady Independent School District**  
**Receipt Settlement for Overnight Travel**  
**Sign Receipts and Attach to Form**

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Trip: \_\_\_\_\_

Destination: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

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: \_\_\_\_\_

Business Office: \_\_\_\_\_

**This form must be in the business office five (5) days after the trip is taken. Detailed receipts must be returned with this form.**