

**Snyder Independent School District
Homebound Irregular Pay/Travel Expense**

Employee Name: _____

Student	Campus	Date	Hours	Beginning Mileage	Ending Mileage	Total Miles

Total Teacher Hours: _____ X \$ _____ (hourly rate)=Teaching Pay Due:\$ _____

Total Official Miles in Personal Vehicle: _____ @ _____ /mile= \$ _____

Budget Number To Be Charged for Teacher Pay:

Budget Number To Be Charged for Travel Pay:

Teacher Signature:

Date:

Homebound Director:

Date:

Chief Financial Officer:

Date:

**Homebound Teacher: Please fill out this form, sign it and send it to Homebound Office for signature.
It will be reviewed/approved and then forwarded to the Business Office for payment.**