

Brooks County Independent School District

Business Office

OVERNIGHT TRAVEL RECONCILIATION FORM

ADVANCED PER DIEM

Employee Name: _____ Employee ID #: _____

Check# Issued: _____ Acct. # _____

Vendor#: _____ ***NOTE: Please do not include tips or**

Campus/Department: _____ **service charges in your meal totals.**

Purpose & Date of Travel : _____

Date	Total Amount spent on meals (receipts attached)	Per Diem Advanced (by day)	Amount owed to district
			TOTAL:\$

Upon completion of overnight travel, or if travel is cancelled, you have the obligation to provide all required documentation of travel expenses incurred and to return any unused funds within 5 working days. You are required to complete this form regarding the travel and expenses incurred, ***including receipts***, to obtain any reimbursement due and to account for any and all funds advanced. If you fail to provide the required documentation, you shall not be entitled to reimbursement ***and the amount advanced for which you have not properly accounted for shall be deducted from your payroll compensation.*** ****Please note that unused per diem amounts do not roll over to the next day.***

By accepting this check and signing this form, you acknowledge that you fully understand the travel reconciliation and settle-up process as per board policy DEE (Local) adopted 7/21/08.

Employee/Claimant: _____ Date: _____

UPON COMPLETION OF OVERNIGHT TRAVEL, PLEASE RETURN THIS FORM WITH ATTACHED RECEIPTS TO THE BUSINESS OFFICE WITHIN (5) WORKING DAYS.

Date Submitted to Payroll Dept.: _____ (OFFICE USE ONLY) _____
Employee ID#: _____