TRAVEL EXPENSE

Complete this form **after** returning from travel. Submit all applicable documentation & receipts to Business Services. Expenses claimed must comply with local, state & federal regulations.

Please Select Applicable Travel: Out-of- State: ☐ In-State: ☐

Name: _____ Campus/Dept.: _____

Detailed Nature of Business: _____

From: _____ To: _____
Point of Origin Destination

Departure Date: _____ Time: _____ ◯ AM ◯ PM (Select One)
Return Date: _____ Time: _____ ◯ AM ◯ PM (Select One)

REGISTRATION (Select One)

☐ Direct Pay by LEISD, List Req./PO#: _____
☐ Reimbursement for Registration **Total: $** _____

LODGING

☐ Lodging Direct Paid by LEISD, List Req./PO#: _____
☐ Reimbursement for Lodging **Total: $** _____

MODE OF TRAVEL (Select One)

☐ Airline Ticket Paid by LEISD, List Req./PO#: _____ **Total: $** _____
☐ Airline Ticket (Purchased Own) **Total: $** _____
☐ District Owned Vehicle
☐ Rental Vehicle, Direct Paid by LEISD, List Req./PO#: _____ **Total: $** _____
☐ Mileage Reimbursement **Roundtrip:**_____ @ Current Rate:_____ **Total: $** _____

MEALS - Must be in "**Overnight Travel Status**" to claim (no receipts required) List Req./PO#:

☐ Meals for: Breakfast _____ Lunch _____ Dinner _____ **Amount: $**_____
☐ Meals Provided by Event: Breakfast _____ Lunch _____ Dinner_____ **Deducted amount:** $ (_____)
___ **Meal Claim** – [Based on Total Meals] **minus** [# of Meals Provided by Event] **Total Meal Claim: $**_____

TRANSPORTATION (Taxi, Shuttle, Vehicle Rental at Destination, etc.) **Total: $**_____

MISCELLANEOUS EXPENSES (with receipts)

Tolls _____ **Total: $**_____
Parking _____ **Total: $**_____
Any Other Expenses (with receipts) _____ **Total: $**_____

Total Amount $ 0.00 **Total Reimbursement $**_____

Traveler Certification: By signing, I the traveler, do under penalty of perjury, declare that the information contained in this document and any attachments are true and accurate to the best of my knowledge and belief. By submitting this form, I agree to the LEISD Travel Guidelines & Procedures and certify that no receipts or any information has been changed or altered in any way, and the actual amounts expended were used for the intent stated. Immediate supervisor must sign below.

_____ _____
Signature of Traveler Date

_____ _____ _____ _____
Principal/Director/Deputy/Assistant Superintendent Date CFO/Final Approver Date

	Fund	Function	Object	Sub-Obj	Org	Yr Program	Individual	Amount
Code:								
Code:								
Code:								

Updated: 02/2020