

TRAVEL SETTLEMENT FORM FOR PERSONNEL OF THE WESTWOOD ISD

Prepare and submit with Original Travel Authorization Form and all receipts to Business Office as soon as possible after returning. All expense reimbursement must be submitted within **10 days** of the authorized travel.

Name of Personnel: _____ Month: _____, 20____

Campus/Location: _____ Department: _____

Travel Date	Time of Departure/Arrival	Travel Location

	Amount
Expense Itemization for travel:	
Personal Car Mileage: _____ Miles @ .655 per mile	
Meals: (Attach Itemized and dated meal receipts)	
Parking: (Attach dated parking receipts, if separate from hotel.)	
Incidental Expenses (itemize):	
Lodging: (Attach hotel receipts – itemized & dated)	
TOTAL	

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Meals: (Attach Itemized and dated meal receipts)	
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Incidental Expenses (itemize):	
Lodging: (Attach hotel receipts – itemized & dated)	
TOTAL	
GRAND TOTAL	

I certify that the expenses shown above are true and correct and were incurred by me in the performance of my official duties of the Westwood ISD.

Submitted by

Approved by Principal/Supervisor

Approved by Business Office

Account Code(s)