

# Port Neches-Groves Independent School District Travel Advance and Expense Report

Name _____	Campus _____	Today's Date _____
Name of Workshop: _____		Workshop Location _____
Departure Date _____	Time: _____	Return Date: _____
		Time _____

**This form must be received in the business office the week prior to departure or all expenses will be paid on a reimbursement basis.**

### Estimated Expenditures

No. of Employees/Sponsors _____		
Breakfast _____	@ \$12.00 each	\$ _____
Lunch _____	@ \$14.00 each	\$ _____
Dinner _____	@ \$20.00 each	\$ _____
No. of Students Traveling _____		
No. of Student Meals _____	@ \$10 each	\$ _____
Gas/Parking _____		\$ _____
Hotel _____	Nights @ \$ _____ each	\$ _____
Number of Rooms _____		
Hotel Name _____		
Hotel Address _____		
<input type="checkbox"/> Check to Employee		
Total Advanced to Employee \$ _____		
Registration/Entry Fees \$ _____	Due by _____	
To: _____ (Attach a copy of registration information)		
<input type="checkbox"/> Send to Employee <input type="checkbox"/> Send to Vendor		
Account(s):		
	Amount	
	Amount	
Employee's signature _____ Date _____		
Supervisor's Approval _____ Date _____		
Business Manager Approval _____ Date _____		

### Actual Expenditures

Departure Date _____	Return Date _____
Departure Time _____	Return Time _____
Meals (Adults) _____	\$ _____
Meals (Students) (Attach Receipts) _____	\$ _____
Actual No. of Students _____	
Hotel: _____ Nights (Attach Receipts)	\$ _____
Actual Miles _____ @ .625	\$ _____
Other Expenses (List and Attach Receipts)	
Gas/Parking (receipts required) _____	\$ _____
Registration/Entry Fees (Attach Receipts) _____	\$ _____
<b>TOTAL EXPENSES</b>	<b>\$ _____</b>
Less Advanced Payments _____	\$ _____
Refunded to Employee _____	\$ _____
<b>Check #</b> _____	
Refunded to District _____	\$ _____
<b>Receipt #</b> _____	
<b>SETTLEMENT COPY MUST BE IN THE BUSINESS OFFICE 15 WORKING DAYS AFTER THE TRIP</b>	
<b>Employee certifies that all expenditures are work-related and that they are allowed by PN-GISD Board and Administrative Policies.</b>	
Employee's Signature _____	Date _____
Principal's/Supervisor's Signature _____	Date _____
Business Manager Approval _____	Date _____

Revised 8/04/22