



SNOQUALMIE VALLEY

SCHOOL DISTRICT

TRAVEL ADVANCE REQUEST

Submit to District Business Office SEVEN (7) business days before check is needed.

1. Settlement of advance will be made within five (5) calendar days of return by submitting itemized receipts to the Business Services. Failure to remit excess travel advance monies will result in possible employee's forfeiture of any and all money due from the district until settlement.
2. Where actual expenditures are less than the advance received, the settlement documentation should be accompanied by a personal check payable to SVSD or the individual school's ASB fund for the difference.
3. Where actual expenditures are greater than the advance received, the difference will be remitted to the employee via the Travel Claim Reimbursement Request Form.

Departure Date: _____ Return Date: _____ Destination: _____

Activity: _____ Destination & Purpose of Trip: _____

Applicant Name: _____ Job Title: _____ Location: _____

Meals:	Number of Meals	# of Students/Advisors	Amount Allowed	Total
Breakfast	_____ X _____	X _____	X _____	= \$ _____
Lunch	_____ X _____	X _____	X _____	= \$ _____
Dinner	_____ X _____	X _____	X _____	= \$ _____
Total	_____ X _____	X _____	X _____	= \$ _____

Other: _____ Amount Requested: _____

Budget Number: _____ Date needed: _____

Having herewith presented my itemized account for expenses incurred in connection with the travel authorization on this form amounting to the sum of \$_____, I hereby certify under penalty of perjury: that the foregoing account is just and true as therein stated; that no payment has been received by me on account thereof; that no rebate of any character, kind, or description has been made to me by any person or persons furnishing any of said transportation or subsistence; that the expenses charged were actually and necessarily incurred and paid by me in lawful money.

Applicant Signature

Date

Principal or ASB Coordinator Signature

Date

Student Representative Signature (Secondary)

Date

DISTRICT OFFICE USE ONLY	
Amount Requested:	\$ _____ (a)
Total amount receipts submitted for settlement:	\$ _____ (b)
Differences:	\$ _____
If line (a) > (b), the settlement documentation must be accompanied by a personal check payable to the individual school's ASB fund for the difference.	
Receipt for employee's personal check	Receipt # _____ Amount \$ _____
If line (a) < (b), then a warrant request or check is issued for the difference to the employee via the Expense Reimbursement form.	
Warrant request for difference	Warrant # _____ Amount \$ _____

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