

# Northwest ISD - OVERNIGHT TRAVEL EXPENSE REPORT

Only COMPLETE forms with proper documentation are accepted for processing. Incomplete submissions will delay payment. Original itemized receipts are required. Reimbursements are made ONLY to the individual whose name is on the receipt.

**Name** \_\_\_\_\_ **Vendor #** \_\_\_\_\_

**Current Mailing Address:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

Street address **OR** PO Box, City, State **AND** Zip Code

Employee reimbursements are deposited via ACH to your bank account. An email is sent from accounts payable each time a payment is issued. Update existing direct deposit information in the Employee Access Center under 'Deductions and Benefits'.

**Relation to NISD:**  Administrator  Board Member  Counselor  Librarian  Nurse  Teacher  
 Non-employee  Other

**Do you receive a stipend for travel?**

No  Yes

Travel stipend recipients are only reimbursed mileage for trips in excess of 50 miles one-way based on home campus assignment or residence, whichever is less.

**Vehicle utilized for this travel:**

Personal Vehicle  Rental Car  District Vehicle

Personal vehicles are eligible for mileage reimbursement only; With proper documentation, rental cars and district vehicles are eligible for fuel reimbursement.

Name of event **AND** location: \_\_\_\_\_

	Departure	Return
Date		
Time <sup>+</sup> (a.m./p.m.)		
Origin		
Destination		
	Total Miles	

Meals provided by vendor, conference, etc. are not eligible. Itemized receipts are not required for meal per diem.					
MEAL DATES					
✓ = Eligible - = Not eligible			P = Provided, not eligible cc = Charged to district card		
Breakfast* <sup>†</sup>					
Lunch* <sup>†</sup>					
Dinner* <sup>†</sup>					

**\*departure:**  
 prior to 8:00 am = all meals  
 8:01 am - 12:00 pm = lunch & dinner  
 12:01 pm - 5:00 pm = dinner

**†return:**  
 prior to 12:00 pm = breakfast  
 12:01 pm - 6:00 pm = breakfast & lunch  
 6:01 pm or later = all meals

Itemized Expenses	\$ Amount
Airfare	\$
Baggage fee	\$
Cab/Shuttle/Car Service	\$
Car mileage [miles x \$(rate)]	\$
Car rental and/or fuel	\$
Hotel/Lodging	\$
Meals, per diem (out-of-state per diem use GSA rates)* <sup>1</sup>	\$
# Meals = _____ @ \$14, _____ @ \$16, _____ @ \$29	
Parking	\$
Registration fee	\$
<b>TOTAL EXPENSES</b>	<b>\$</b>

Were students transported in this vehicle?  No  Yes

List others (non-students) riding in vehicle: \_\_\_\_\_

List others sharing hotel room: \_\_\_\_\_

## Charge Against Account Code

Fund	Year	Function	Organization	Program Intent/ Local Option	Object/ Sub-object	\$ Amount

CERTIFICATION: These expenses were personally incurred relating to approved travel, related to Northwest ISD business and have not been previously charged to the district nor previously submitted for reimbursement.

Requestor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Organizational Approval \_\_\_\_\_ Date \_\_\_\_\_

Grant Approval (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Financial Services Use

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Final Approval \_\_\_\_\_ Date \_\_\_\_\_