

# Mathis Independent School District - Pre-travel form

\*Employee: \_\_\_\_\_



\*Date: \_\_\_\_\_

*\*Note: One Pre-travel form can be completed for multiple staff if event & vendor expenses are to the same. Attach list of staff.*

\*Conference/Meeting: \_\_\_\_\_

\*Location: \_\_\_\_\_

Will expenses be reimbursed by an outside agency? Yes \_\_\_ No \_\_\_

\* Workshop Departure Date: \_\_\_\_\_

\*Workshop Departure Time: \_\_\_\_\_ a.m./p.m.

\* Workshop Return Date: \_\_\_\_\_

\* Workshop Return Time: \_\_\_\_\_ a.m./p.m.

Will Substitute be required? Yes \_\_\_ No \_\_\_ Substitute Budget Code; \_\_\_\_\_

**Travel Reconciliation Form must be received in the Business Office within 1 business day**

Fund	Function	Object Code	Sub-Object	Organization	Yr	Intent Code	Amount
							\$

Date (day travel only)	Breakfast	Lunch	Dinner	Total	Amount
	\$13.00	\$15.00	\$26.00	Total	\$54
Date (overnight travel)	Breakfast	Lunch	Dinner	Total	Amount
	\$14.00	\$16.00	\$29.00	Total	\$59
Costs/Transportation					
Mileage/Airline= _____ miles x .65.5 =					
Meals					
Car Rental					
Lodging**(# Days _____ x Rate _____)					
Registration					
<b>GROSS TOTAL OF TRAVEL COSTS</b>					<b>\$0.00</b>

**GRANT FUNDS: Will funding used for this trip include State or Federal Grant Funds?**

**PLEASE CHECK ONE**

**No** - No meal receipts will be required **but ALL** other travel receipts **MUST** be submitted on Travel Reconciliation Form include hotel, parking, registration and other related charges

**Yes** - **NOTE:** The traveler is responsible for ensuring that **ALL RECEIPTS** for meals, hotels, cab, airline and ALL other travel expenses are submitted on the district Travel Reconciliation Form.

PO Payable to District Employee	
Mileage Advancement	_____
Meals (Per Diem)	_____
Parking	_____
Other (list details)	_____
Other (list details)	_____
<b>Payable to the Employee</b>	<b>0</b>

Please provide any additional details that may need to be considered related to this travel request:

PO Required for Registration	
REGISTRATION: *** Workshop #: _____	Amount: \$ _____
<b>Conference/Workshop information and completed registration form must be attached to Travel Request Form</b>	
Purchase Order # _____	Due Date: ____/____/20____
Payable to: _____	<b>Please check one of the following</b> <input type="checkbox"/> Mail <input type="checkbox"/> Pickup
Address _____	

PO REQUIRED TO LIST AMERICAN EXPRESS AS VENDOR, HOWEVER PROVIDE HOTEL DETAIL BELOW	
LODGING: Phone #: _____	
Hotel Name: _____	Advance Check: Yes ___ No ___
Address: _____	(\$98.00/Day Max.) Amount: \$ _____
City/St./Zip: _____	
CONFIRMATION NUMBER: _____	*** Maximum \$85.00 per day.

**Traveling Employees signature is acknowledgement that all funds are expended on school business approved above.**

\_\_\_\_\_/\_\_\_\_\_  
Employee Date

\_\_\_\_\_/\_\_\_\_\_  
Athletic Director (if applicable) Date

\_\_\_\_\_/\_\_\_\_\_  
Principal/Administrator Date

\_\_\_\_\_/\_\_\_\_\_  
Superintendent of Schools Date

\_\_\_\_\_/\_\_\_\_\_

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Finance Officer

Date