GALVESTON INDEPENDENT SCHOOL DISTRICT

AUTHORIZATION FOR TRAVEL

IN-STATE

Type of Request (Select ONE):

	Request f	or Travel- Pre	Travel Appro	val
--	-----------	----------------	--------------	-----

☐ Final Report- Request for Reimbursement Post Travel

APPROVED PURCHASE ORDERS ARE REQUIRED PRIOR TO ANY DISBURSEMENTS

PART I (REQUIRED PRIOR TO ANY TRAVEL)

Name of Applicant:		Position:	
Campus or Department:		Date Submitted:	
Account Code:	:-:::::::::::::::::::::::::::::::::::::		
Destination:		Reason/Purpose:	
Departure Date:	Time:	☐AM ☐ PM Session ID (if applicable):	
Return Date:	Time:	□AM □ PM	
District Employee Signature	Date		
Direct Supervisor Approval	Date	Travel Exception (Asst. Supt, Chief HCM) Date	

PART II – EXPENSE REPORT

Please use the Google Maps link for calculating total mileage to be reimbursed. A Google Map print out must be submitted with this form.

·		SUBMIT AFTER RETURNING FROM TRAVELING	
Meals (see Meal Chart below):	ESTIMATED EXPENSE	Actual Expenses of Employee	Actual Expenses of District
Breakfast X \$13 =	\$	\$	\$
Lunch X \$15 =	\$	\$	\$
Dinner X \$24 =	\$	\$	\$
MEALS TOTAL:	\$	\$	\$
Mileage: miles X \$0.67 =	\$	\$	\$
Hotel (Exclude State Tax)	\$	\$	\$
Registration (PO# if applicable)	\$	\$	\$
Parking	\$	\$	\$
Other:	\$	\$	\$
Other:	\$	\$	\$
TOTAL	\$	\$	\$

Meal Chart:		
To be eligible for	Depart BEFORE	Return AFTER
Breakfast	6:00 am	6:00 am
Lunch	12:00 pm	12:00 pm
Dinner	6:00 pm	6:00 pm

NOTES:

- **1.** Except for grant funds, meal per diem will be reimbursed at the above rates upon return. Receipts are not required if the meal per diem is met or exceeded.
- GRANT funds require original, ITEMIZED receipts that are due for reimbursement to the department processing the
 travel within 5 days of returning. Please allow 10 business days from date of accepted submission for receipt of
 reimbursements.
- **3.** Commerce cards are only to be used in case of emergency and hotels. Commerce cards are NOT to be used for employee meals (unless approved by Mr. Martello)