

# La Vega Independent School District

## La Vega ISD Travel Checklist

(Attach to Travel Request & Reimbursement Form)

*Please print or copy on Goldenrod paper*

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

Name of Conference/Training: \_\_\_\_\_

Date of Conference/Training: \_\_\_\_\_

Prior to Travel	After Travel
<input type="checkbox"/> Travel Request form complete	<input type="checkbox"/> *Itemized Hotel detail receipt attached
<input type="checkbox"/> Brochure or agenda of training/conference/meeting is attached	<input type="checkbox"/> *Itemized receipts for other items: parking, internet expenses, etc.
<input type="checkbox"/> Mapquest driving instructions are attached ( <b>from Bellmead or Waco [LVJH] to destination—city only</b> )	<input type="checkbox"/> Registration receipt, if applicable
<input type="checkbox"/> Hotel Confirmation is attached	<input type="checkbox"/> Approvals from Principal/Supervisor and Special Program Director (if applicable)
<input type="checkbox"/> Approvals from Principal/Supervisor and Special Program Director (if applicable)	<input type="checkbox"/> Reimbursement Section for Travel form is complete
<input type="checkbox"/> Current GSA Per Diem Rate Schedule ( <b>Federal funds only</b> )	<input type="checkbox"/> *Itemized meal receipts <b>are required</b> for Federal fund travel expenditures (copies should be kept for future district audit purposes)
Employee's Signature _____	Employee's Signature _____
Date _____	Date _____
Supervisor's Signature _____	Supervisor's Signature _____
Date _____	Date _____

***\*Itemized means a detail receipt showing individual transactions or meal items. Credit Card receipts are not acceptable.***

# La Vega Independent School District

**Travel Request Form (to be completed prior to school travel):** No later than fifteen (15) days prior to travel, employee must submit this form to his/her supervisor. Upon approval, the form will be forwarded to the Business Office for processing.

Employee Name: \_\_\_\_\_ School or Dept. \_\_\_\_\_

Name of Meeting: \_\_\_\_\_

**All fields must be filled out**

Location (City, State): \_\_\_\_\_

Departure (date & time): \_\_\_\_\_ Return (date & time): \_\_\_\_\_

Purpose of attending: \_\_\_\_\_

**Estimated Expenses:** See Instructions. Note: Registration and airfare must be paid separately via P.O. or Payment Request. Lodging and mileage may be advanced. Meals and other expenses may not ordinarily be advanced unless accompanying students.

A. Registration (Must be paid separately via P.O./Payment Request) PO # \_\_\_\_\_ \$ \_\_\_\_\_

B. Travel:

1. Airfare (Must be paid separately via P.O./Payment Request) OR \$ \_\_\_\_\_

2. Mileage (Mapquest-City to City) \_\_\_\_\_ miles x 0.67 cents per mile \$ \_\_\_\_\_

C. Lodging: \_\_\_\_\_ Room(s) X \_\_\_\_\_ night(s) X \$ \_\_\_\_\_/night \$ \_\_\_\_\_

D. Total Meals: (\$59/day or \$14/Breakfast, \$16/Lunch, \$29/Dinner) \$ \_\_\_\_\_

E. Other Expenses - See Instructions. Please be Specific.

\_\_\_\_\_  
\_\_\_\_\_

**TOTAL EXPENSES**

Total of all estimated expenses, including registration

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

AMOUNT OF ADVANCE REQUESTED (See Instructions):

Budget Code(s) to be charged:

\_\_\_\_\_  
\_\_\_\_\_

Total of these lines should equal Total Expenses line above

Amount: \$ \_\_\_\_\_  
Amount: \$ \_\_\_\_\_

Mileage plus lodging only

Employee's Signature & Date \_\_\_\_\_

Principal/Supervisor Approval & Date \_\_\_\_\_

Director Approval & Date \_\_\_\_\_

Business Office Approval \_\_\_\_\_ Date \_\_\_\_\_

# La Vega Independent School District

**Request for Reimbursement (to be completed within 10 days after return):** Employee must submit this form, with appropriate documentation and receipts attached where applicable, to his/her immediate supervisor.

Upon approval, the form will be forwarded to the Business Office for processing. **EMPLOYEE NAME:**  

Benefit(s) of attending this meeting:

Are you willing to present the new information or skills gained to other employees/groups? Yes  No  If "Yes", how?  Oral Presentation  Written report/article  Staff Development Workshop  News Release

List other employee groups who could benefit from this meeting:

Description/	Date	/ /	/ /	/ /	/ /	/ /	TOTALS
Airfare (Actual Cost) or _____ Miles @ 0.67 cents							
Lodging: Name of Hotel							
Meals:							
Breakfast: \$14.00							
Lunch: \$16.00							
Dinner: \$29.00							
Other Expenses: Specify							
Registration							
<b>TOTALS</b>							Total of all lines above

**LESS PREPAID EXPENSES AND/OR TRAVEL ADVANCE:**

Amt Advanced + Registration

\$ \_\_\_\_\_

**REIMBURSEMENT DUE**

EMPLOYEE

DISTRICT

Check # \_\_\_\_\_

Total above minus Amt Advanced

Budget Code(s) to be charged:

Total of these lines should equal Reimbursement Due line

Amount: \$ \_\_\_\_\_

Amount: \$ \_\_\_\_\_

\*Request will not be processed if employee has an outstanding request from a prior trip.

***I certify that the actual costs listed above are true and correct. I understand that I may be required to validate the actual costs with detailed receipts. If actual costs are less than the advanced per diem, the traveler must reimburse the unspent funds to the district with this settlement form.***

Employee's Signature & Date \_\_\_\_\_

Supervisor's Signature & Date \_\_\_\_\_

Director Approval & Date \_\_\_\_\_

Business Office Approval \_\_\_\_\_

Date \_\_\_\_\_