Travel Expense Reimbursement Request

| Employee Name: | |
|-----------------------|--|
| Department: | |
| Expenses From (date): | |
| Expenses To (date): | |
| Purchase Order #**** | |

Instructions

Please complete form for all TRAVEL related expenses and turn form and <u>detail</u> receipts into your Principal/ supervisor for submission to the business office. All expenses must have a <u>DETAILED</u> receipt in order to be reimbursed.



Godley Independent School District 313 N Pearson Godley, TX 76044 Phone: 817-389-2536 Fax: 817-389-2543 www.godleyisd.net

| Expense Date | Expense Description | Account Code | Expense Amount | Comments: |
|--------------|---------------------|---------------------|----------------|-----------|
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| | | Total Expenses | | |
| | | Total Advance | | |
| Signature: | Date: | Total Reimbursement | | |
| | | | | |

Authorized By:

Chief Financial Officer

Internal Use Only

*** Please note that all requests for reimbursement must have had an approved purchase order before travel Arexpenses are incurred in order for reimbursement to be made. NO EXCEPTIONS.

| Amount Paid | Check No. | Date |
|-------------|-----------|------|
| | | |