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:
		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