



ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT TRAVEL SETTLEMENT FORM

Req/PO #: _____

Employee Name: _____ Dept/Campus/#: _____

Email Address: _____ Phone #: _____

Actual # of travelers: _____ Attach final list of travelers, including all Employees/Sponsors/Coaches/Chaperones.

Departure Date: _____ Time: _____ Return Date: _____ Time: _____

Name of Event & Location: _____

Start Date: _____ Time: _____ End Date: _____ Time: _____

General (GF) Budget Code: _____ \$

Special Revenue (SRF) Budget Code: _____ \$

*Instructions: Please include all actual expenses incurred, including those for which you received an advance.
Items marked with an (*) require original, itemized receipts to be submitted with the Travel Settlement Form.*

NOTE: MILEAGE FOR TRAVEL WITHIN ECTOR COUNTY WILL NOT BE REIMBURSED ON THIS FORM.

EXPENSE TYPE	A. CHECK	B. Travel Reimbursement	C. P-CARD	Funds Used	
	Advanced Amount	or Actual Amount Used	Actual Amount Used	General	Special Rev
Mileage @ IRS Rate	\$ _____	\$ _____	OFFICE USE ONLY	() GF	() SRF
*Registration	\$ _____	\$ _____	\$ _____	() GF	() SRF
PO#:	OFFICE USE ONLY				
Meals	\$ _____	\$ _____	OFFICE USE ONLY	() GF	() SRF
*Meals - student grp	\$ _____	\$ _____	\$ _____	() GF	() SRF
PO# (Pcard):	OFFICE USE ONLY				
*Lodging	\$ _____	\$ _____	\$ _____	() GF	() SRF
*Plane Fare	\$ _____	\$ _____	\$ _____	() GF	() SRF
PO#:	OFFICE USE ONLY				
*Car Rental	\$ _____	\$ _____	\$ _____	() GF	() SRF
PO#:	OFFICE USE ONLY				
*Parking/Taxi/Uber	\$ _____	\$ _____	\$ _____	() GF	() SRF
*Other-explain below	\$ _____	\$ _____	\$ _____	() GF	() SRF

Other notes/explanations: _____

TOTAL	A. \$ _____	B. \$ _____	C. \$ _____	OFFICE USE ONLY
Less Advanced Amount	OFFICE USE ONLY	A. \$ _____	OFFICE USE ONLY	
Due back to ECISD	If B-A is less than 0	\$ _____	Receipt #(s): _____	
Due to Employee	If B-A is more than 0	\$ _____	OFFICE USE ONLY	

Review Notes/Initials: _____

Total Cost of Trip: \$ _____

Signature indicates travel is complete and ALL food funds requested were spent on meals or receipts submitted.

I understand that providing false information will be grounds for dismissal. I give ECISD authority to deduct any unsettled amount relating to this trip from my pay (IRS Regulation).

Employee Signature/Date: _____

Supervisor Signature/Date: _____

SRF Approval (if applicable)/Date: _____

Original, itemized receipts required:

- ❖ Registration
- ❖ Meals – student group or Student signatures for meals
- ❖ Lodging
- ❖ Plane Fare
- ❖ Car Rental
- ❖ Parking/Taxi/Uber
- ❖ Other