Waco Independent School District
TR-1

Out-of-District Travel Request and Reconciliation Form
(You must attach registration or conference and hotel info to this form)

Employee Name as it appears on ID:		Campus/Department:	
Name of Event:		Place of Event:	
Departure Date and Time:		Return Date and Time:	
Budget Code(s) to be charged:			

If applicable, carpooling is required. Names of travelers you are carpooling with:

If applicable, List Name/Campus of Roommate:	

Have you read the district's travel procedures as found in the Business Service's Handbook?   Yes ☐   No ☐ if no cannot be approved

Expense Type:					Pre-Trip Estimated Amount	Post Trip Actual Amount	Due Employee
Roundtrip Mileage (per district chart)		miles	0.56	current rate			
Airfare: **DOB:** **Gender:**	PO#:						
Car Rental	PO#:						
Lodging- List Hotel name:							
Meals		calculate amount using table below					
Registration Fees	PO#:						
Public Transportation							
Parking							
Other/Misc. -Describe:							
				Total			

1) Determine the meal allowance on the day of departure and return (see narrative below)
2) If all days will be full meals, enter $46 per day on the table below
3) For event-provided or hotel provided meals edit daily rate accordingly below

4) Enter the adjusted meal per diem from the table below in the meals section above
5) For more than 6 days, attach an additional sheet

Breakfast $8
Lunch $12
Dinner $26
Full Day Allotment $46

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	**Total**
	$	$	$	$	$	$	$

Day of Departure: If you leave before 7 a.m., $46, full day
If you leave before 12 p.m., $38 (for lunch and dinner)
before 6 p.m., $26 (for dinner)
If you leave after 6 p.m., -0-

Day of Return: If you return after 6 p.m., $46, full day
If you return between 12 p.m. & 6 p.m., $20 (for breakfast & lunch) If you leave
If you return between 7 a.m. & 12 p.m., $8 (for breakfast)
If you return before 7 a.m., -0-

Signature by employee receiving advance and/or reimbursement for travel must be provided. By signing below employee authorizes WISD to deduct the entire amount of the travel advance (if an advance is received) from his/her paycheck if the travel report and appropriate receipts are not submitted to the Finance Department within **10** days from returning from the trip

Employee Signature: _____

Immediate Supervisor's Signature: _____

Federal Fund and/or Grant Signature: _____

Cabinet Signature (for administrator's travel only): _____

Superintendent's Signature (**for out of state travel**): _____

Second signature by Immediate Supervisor is only required for all trips where actual expenditures exceed estimated expenses:

Second Immediate Supervisor's Signature: _____

All itemized receipts must be returned to the Business Services Department with this completed form within **10** work days after return from the trip or you forfeit your right for reimbursement

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