

La Vega Independent School District

La Vega ISD Travel Checklist

(Attach to Travel Request & Reimbursement Form)

Please print or copy this 1st page 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 (from Bellmead or Waco [LVJH] to destination—city only)	<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 (Federal funds only)	*Itemized meal receipts are <u>required</u> for Federal fund travel expenditures (copies should be kept for future district audit purposes)
Date Processed-Admin.: _____	Date Processed-Admin.: _____
_____ 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: _____

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. *Meal Times: Breakfast (Before 8am) Dinner (After reg. scheduled work hours)*

- | | | |
|--|--|-----------------|
| 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 .675 cents per | | \$ _____ |
| C. Lodging: _____ Room(s) X _____ night(s) X \$ _____ per night | | \$ _____ |
| D. Total Meals Breakdown: \$63 /day or \$16 /Breakfast, \$19/Lunch, \$28 /Dinner | 75% on Travel
Days for
Federal Funds
ONLY | \$ _____ |
| E. Other Expenses - See Instructions. Please be Specific. | | \$ _____ |
| _____ | | \$ _____ |
| _____ | | \$ _____ |
| | Total Expenses | \$ _____ |

AMOUNT OF ADVANCE REQUESTED (See Instructions): \$ _____

Budget Code(s) to be charged:

_____ Amount: \$ _____

_____ Amount: \$ _____

Employee's Signature & Date

Supervisor's Signature & 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:

DATE(S)							TOTALS
Airfare (Actual Cost) or _____ Miles @ 0.67 cents							
Lodging: Name of Hotel							
Meals: <small>75% on Travel Days for Federal Funds only</small>							
Breakfast: \$16 75% (\$12.00)							
Lunch: \$19 75% (\$14.25)							
Dinner: \$28 75% (\$21.00)							
Other Expenses:							
Registration							
TOTALS							

LESS PREPAID EXPENSES AND/OR TRAVEL ADVANCE: *Put Negative Sign in front of amount for correct calculation.* \$ _____

REIMBURSEMENT DUE _____ EMPLOYEE _____ DISTRICT Check # _____ \$ _____

Budget Code(s) to be charged:

_____ 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 _____

La Vega Independent School District

Administrative Regulations – Out-of-District Travel

Administrators who are responsible for approval of travel plans should ensure that all approved trips are in accordance with Board policy, Board action, and administrative guidelines. All travel expenditures, regardless of the funding source, must comply with the district's travel policy. These policies are established to 1) ensure adherence to business expense regulations of the Internal Revenue Service, 2) comply with applicable state laws, and 3) establish equitable guidelines for all persons traveling on behalf of the district.

Instructions for Completing "Travel Request" Form

- I. Philosophy. The district believes that membership in professional organizations and attendance at professional meetings, enhance the value of the individual to the district. Planning should consider the most economical means of accomplishing the desired end.

- II. General Procedures. An approved Travel Request Form is required for all out-of-district travel which 1) is beyond a 50-mile radius of Waco or 2) requires a reimbursement for travel and/or expenses. The request should be submitted to the employee's supervisor at least *fifteen (15) business days prior to departure*. Upon approval, the supervisor will forward the request to the Business Office, which will review the request for budget availability and issue the final approval. The district is tax exempt, therefore state sales tax is not reimbursable. For expenditures requiring itemized detail receipts, credit card statements and receipts are not acceptable.

- III. Estimated Expenses/Prepayment. Prepayment of certain expenses (hotel, registration, etc.) is encouraged. The following guidelines apply:
 - A. Registration Fees – Registration fees may be prepaid. The employee should request payment via a Purchase Order or Payment Request. The due date should be clearly identified and highlighted. The Business Office will issue and mail the check according to the normal check-processing schedule. Registration fees paid by the employee may be submitted for reimbursement upon return.

 - B. Lodging – The employee is **advanced the amount of the hotel and mileage**, along with the hotel tax exemption form. The employee is responsible for payment to the hotel which will be for the exact amount of the hotel stay so no hotel refunds are necessary. Upon return, the employee submits the itemized hotel receipt with their travel reimbursement form and other required receipts. ***The district discourages the use of Hotels.com and Expedia.com for your travel reservations because they do not provide an itemized receipt and the hotel is unable to provide it either.***

 - C. Airfare/Mileage – Enclose a completed P.O. payable to the travel agency/airline, allowing sufficient lead-time for processing and mailing. Other transportation expenses, such as mileage, may be advanced. **Mileage should be calculated from city to city, not exact address. Mileage must originate from LVIDS (Bellmead), with the exception of the Jr High-George Dixon Campus which will use Waco.** For destinations use an electronic mapping source, MapQuest. The traveler must print out the driving directions provided by the site and attach them to the travel voucher. The State Mileage Guide no longer exists.

 - D. Other Expenses/Exceptions – Employees accompanying students may request prepayment of other expenses such as vehicle rental or meals. Employees not accompanying students are not eligible for any prepayments other than as noted above. Any exceptions to these guidelines, such as additional advances, must be requested in writing and approved by the supervisor and the Deputy Superintendent for Finance.

 - E. The Travel Checklist must be attached to the front of the Travel Request form with all appropriate boxes checked, signed and submitted to supervisor for approval. All information will then be checked and approved by supervisor revise and submitted to Business Office.

La Vega Independent School District

Instructions for Completing “Request for Reimbursement” Form

I. Reimbursements. Approved expenses shall be reimbursed as follows:

- A. Hotel – Lodging will be reimbursed at the approved room rate. Reimbursement for rates exceeding \$110.00/day or the maximum rate allowable for federal funds must be pre-approved <http://www.gsa.gov/portal/category/100120> . When feasible, employees attending the same meeting should share accommodations. It is the responsibility of the employee to complete and submit to the hotel the Hotel Occupancy Tax Exemption form. ITEMIZED RECEIPTS ARE REQUIRED FOR REIMBURSEMENT / DOCUMENTATION OF EXPENSES. Credit card statements are not acceptable.
- B. Meals – The district will reimburse employees for meals while on approved travel at the rate of \$68.00/day, as follows: Breakfast (Before 8am) \$17.00, Lunch \$20.00, Dinner (After reg. scheduled work hours) \$31.00. GSA rates will apply for those expenses paid from Federal/State funds <http://www.gsa.gov/portal/category/100120> Meals eaten while on trips within a 50-mile radius will NOT be reimbursed. Meal reimbursements for partial-day travel will be pro-rated per the amounts above. Sales tax is not reimbursable. RECEIPTS ARE NOT REQUIRED for those compensated with the per diem rate above. Note: Per IRS regulations, meal reimbursements on trips not involving an overnight stay must be reported as taxable income for that employee. Public Transportation – The district will reimburse actual costs for coach airfare. Other public transportation will be reimbursed at actual cost. RECEIPTS ARE REQUIRED.
- C. Private Transportation – Travel by personal automobile will be reimbursed at the IRS mileage rate (currently 0.675 cents per mile). Mileage claims will be based on city to city with a mapping service such as MapQuest. When possible, carpooling is encouraged. When approved, vehicle rental, parking fees, tolls, etc., will be reimbursed at actual costs, less sales tax. RECEIPTS/ DOCUMENTATION OF COSTS ARE REQUIRED.
- D. Other Costs – Telephone calls for school business will be reimbursed at actual cost. DOCUMENTATION IS REQUIRED. Personal items, such as snacks, in-room movies, newspapers, personal phone calls, etc., will not be reimbursed.
- E. Purchase of Supplies and Materials. Occasionally, employees will purchase supplies and materials while at a meeting. These purchases will be handled through the district’s Purchase Order/Request for Payment process rather than through travel reimbursement.

Request for Reimbursement.

Upon return, the employee must complete the “Request for Reimbursement” form and Travel Checklist, attach all required receipts, and submit it to his/her supervisor. The supervisor will review the request and, if approved, send it to the Business Office. The Business Office will review the request for accuracy and availability of funds and, if approved, prepare the check according to the normal accounts payable schedule.

EMPLOYEES MUST CLEAR ALL OUTSTANDING REQUESTS PRIOR TO TAKING A SUBSEQUENT TRIP.

FY 2025 Per Diem Rates for Texas

(October 2024 - September 2025)

		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
Standard Rate	Applies for all locations without specified rates	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$63
Arlington / Fort Worth / Grapevine	Tarrant County / City of Grapevine	\$181	\$181	\$181	\$181	\$181	\$181	\$181	\$181	\$181	\$181	\$181	\$181	\$75
Austin	Travis	\$173	\$173	\$173	\$187	\$187	\$187	\$173	\$173	\$173	\$173	\$173	\$173	\$75
Big Spring	Howard	\$114	\$114	\$114	\$114	\$114	\$114	\$114	\$114	\$114	\$114	\$114	\$114	\$63
Dallas	Dallas	\$170	\$170	\$170	\$191	\$191	\$191	\$170	\$170	\$170	\$170	\$170	\$170	\$75
Galveston	Galveston	\$111	\$111	\$111	\$111	\$111	\$111	\$111	\$111	\$146	\$146	\$111	\$111	\$69
Houston (L.B. Johnson Space Center)	Montgomery / Fort Bend / Harris	\$128	\$128	\$128	\$128	\$128	\$128	\$128	\$128	\$128	\$128	\$128	\$128	\$75
Midland / Odessa	Midland / Andrews / Ector / Martin	\$132	\$118	\$118	\$118	\$132	\$132	\$132	\$132	\$132	\$132	\$132	\$132	\$69
Pecos	Reeves	\$121	\$121	\$121	\$121	\$121	\$121	\$121	\$121	\$121	\$121	\$121	\$121	\$69
Plano	Collin	\$123	\$123	\$123	\$123	\$123	\$123	\$123	\$123	\$123	\$123	\$123	\$123	\$75
San Antonio	Bexar	\$137	\$137	\$137	\$137	\$161	\$161	\$137	\$137	\$137	\$137	\$137	\$137	\$69
South Padre Island	Cameron	\$118	\$118	\$118	\$118	\$118	\$140	\$140	\$140	\$140	\$140	\$118	\$118	\$69

Cities not appearing may be located within a county for which rates are listed.

To determine what county a city is located in, visit the [National Association of Counties \(NACO\) website \(a non-federal website\)](#).

Footnotes

1. Traveler reimbursement is based on the location of the work activities and not the accommodations, unless lodging is not available at the work activity, then the agency may authorize the rate where lodging is obtained.
2. Unless otherwise specified, the per diem locality is defined as "all locations within, or entirely surrounded by, the corporate limits of the key city, including independent entities located within those boundaries."
3. Per diem localities with county definitions shall include "all locations within, or entirely surrounded by, the corporate limits of the key city as well as the boundaries of the listed counties, including independent entities located within the boundaries of the key city and the listed counties (unless otherwise listed separately)."
4. When a military installation or Government-related facility (whether or not specifically named) is located partially within more than one city or county boundary, the applicable per diem rate for the entire installation or facility is the higher of the rates which apply to the cities and/or counties, even though part(s) of such activities may be located outside the defined per diem locality.
5. *Meals and Incidental Expenses*, see [Breakdown of Meal Expenses](#) for important information on first and last days of travel.

Meals Breakdown October 2024 - September 2025

The separate amounts for breakfast, lunch and dinner listed in the chart are provided should you need to deduct any of those meals from your trip voucher. For example, if your trip includes meals that are already paid for by the government (such as through a registration fee for a conference), you will need to deduct those meals from your voucher. Refer to [Section 301-11.18 of the Federal Travel Regulation](#) for specific guidance on deducting these amounts from your per diem reimbursement claims for meals furnished to you by the government. Other organizations may have different rules that apply for their employees; please check with your organization for more assistance.

The table lists the six Meal tiers in the lower 48 continental United States (currently ranging from \$59 to \$79). If you need to deduct a meal amount, first determine the location where you will be working while on official travel. You can look up the location-specific information at www.gsa.gov/perdiem. The Meal rate for your location will be one of the six tiers listed on this table. Find the corresponding amount on the first line of the table and then look below for each specific meal deduction amount.

NOTE: The first and last calendar day of travel is calculated at 75 percent when using federal funds.

Total	Continental Breakfast/ Breakfast	Lunch	Dinner
\$63 (75%=\$47.25)	\$16 (75% = \$12.00)	\$19 (75% = \$14.25)	\$28 (75% = \$21.00)
\$69 (75%=\$51.75)	\$18 (75% = \$13.50)	\$20 (75% = \$15.00)	\$31 (75% = \$23.25)
\$75 (75%=\$56.25)	\$20 (75% = \$15.00)	\$22 (75% = \$16.50)	\$33 (75% = \$24.75)
\$81 (75%=\$60.75)	\$22 (75% = \$16.50)	\$23 (75% = \$17.25)	\$36 (75% = \$27.00)
\$87 (75%=\$65.25)	\$23 (75% = \$17.25)	\$26 (75% = \$19.50)	\$38 (75% = \$28.50)