

La Vega Independent School District

La Vega ISD Travel Checklist

(Attach to Travel Request & Reimbursement Form)

Please print or copy 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)	<input type="checkbox"/> *Itemized meal receipts are required for Federal fund travel expenditures (copies should be kept for future district audit purposes)
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: _____

All fields must be filled out

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.

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 0.67 cents per mile \$ _____

C. Lodging: _____ Room(s) X _____ night(s) X \$ _____/night \$ _____

D. Total Meals: (\$63/day or \$16/Breakfast, \$19/Lunch, \$28/Dinner) \$ _____

E. Other Expenses - See Instructions. Please be Specific. _____

_____ \$ _____

TOTAL EXPENSES

Total of all estimated expenses, including registration

\$ _____
\$ _____
\$ _____

AMOUNT OF ADVANCE REQUESTED (See Instructions):

Budget Code(s) to be charged:

Total of these lines should equal Total Expenses line above

Amount: \$ _____
Amount: \$ _____

Mileage plus lodging only

Employee's Signature & Date _____

Principal/Supervisor Approval & Date _____

Director Approval & Date _____

Business Office Approval _____ Date _____

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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:

Description/	Date	/ /	/ /	/ /	/ /	/ /	TOTALS
Airfare (Actual Cost) or _____ Miles @ 0.67 cents							
Lodging: Name of Hotel							
Meals:							
Breakfast: \$16.00							
Lunch: \$19.00							
Dinner: \$28.00							
Other Expenses: Specify							
Registration							
TOTALS							Total of all lines above

LESS PREPAID EXPENSES AND/OR TRAVEL ADVANCE:

Amt Advanced + Registration

\$ _____

REIMBURSEMENT DUE

EMPLOYEE

DISTRICT

Check # _____

Total above minus Amt Advanced

Budget Code(s) to be charged:

Total of these lines should equal Reimbursement Due line

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 _____