

## Lake Worth Independent School District Authorization for Travel & Reimbursement: Professional or Student

Name: \_\_\_\_\_ Organization: \_\_\_\_\_ Position: \_\_\_\_\_

Event Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Type of Travel: \_\_\_ Professional or \_\_\_ Student (# of Students: \_\_\_\_\_ # Sponsors \_\_\_\_\_)

List other sponsors names: \_\_\_\_\_

Departure: Date \_\_\_\_\_ Time \_\_\_\_\_ Traveler Cell Phone # \_\_\_\_\_

Est. Return: Date \_\_\_\_\_ Time \_\_\_\_\_ Conference/Event Start date: \_\_\_\_\_

- Attach:**
- Itinerary
  - Google Maps
  - Hotel rate sheet
  - Hotel confirmation
  - Per Diem Est.
  - Student List

**Answer each of the following. Mark the appropriate box by clicking on it:**

Transportation: \_\_\_\_\_ Driver/Person in charge of trip: \_\_\_\_\_

Transportation request completed?  (School Vehicle requires separate request submitted to Transportation)

District Fuel Card Requested?  (DISTRICT FUEL CARD AVAILABLE TO PURCHASE GAS FOR SCHOOL VEHICLE IF NEEDED)

District TCard Requested? Reason: \_\_\_\_\_

Cash Advance Requested?  (only available when students are participating)

**NOTE: For travel in district vehicles where a bus driver or transportation staff will be driving, a Driver Trip Fee will be assessed for each vehicle being driven at a rate of \$30.00.**

Expense	Details	Estimated Cost	Actual Cost
Registration Fee	___ Credit Card ___ PO# _____	\$ _____	\$ _____
Lodging/Hotel (est includes taxes)	A Travel Card will be issued for Lodging	\$ _____	\$ _____
Student Meals		\$ _____	\$ _____
Meals –Prof Travel only	<b>Total from Professional Per Diem Form</b>	\$ _____	\$ _____
<small>*Meals are Reimbursed for actual dollars spent up to the Max Allowable amount <b>*TIPS NOT ALLOWED WITH FEDERAL FUNDS</b></small>			
Mileage <b>Calculate using round trip miles:</b>	___ miles X ___ rate =	\$ _____	\$ _____
Driver Trip Fee	#of Drivers ___ x ___ per driver rate =	\$ _____	\$ _____
Parking	_____	\$ _____	\$ _____
Other: _____	_____	\$ _____	\$ _____
Other: _____	_____	\$ _____	\$ _____
Other: _____	_____	\$ _____	\$ _____
Budget Code : _____	<b>Total Expenses</b>	\$ _____	\$ _____

Notes: \_\_\_\_\_ Employee Reimbursement Amount Requested \$ \_\_\_\_\_  
[Actual Total - Amount paid by district (PO/T-Card)]

**This section must be completed by employee AFTER trip before submitting to Business Services.**

I verify that I have incurred the above actual expenses in the execution of my responsibilities as an employee of Lake Worth Independent School District and that all expenses are legitimate and reasonable. By signing below, traveler certifies that the amount claimed for meal reimbursement is the lessor of the actual amount spent or the per diem allowed. All employee reimbursements processed by Lake Worth ISD Accounts Payable will be paid via direct deposit to the bank account on file with the LWISD Payroll Department. By signing below, the employee is stating that the information provided is accurate and acknowledges that this travel expense reimbursement request will be processed via direct deposit.

Signature of Employee [Traveler] \_\_\_\_\_ Date \_\_\_\_\_ Acknowledgement by Administrator/Supervisor \_\_\_\_\_ Date \_\_\_\_\_