



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 legal ID):		Campus/Department:			
Name of Event:		Place of Event:			
Departure Date:		Return Date:			
Budget Code(s) to be charged: If using federal funds, provide both federal and local account codes.					
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 <input type="checkbox"/> No <input type="checkbox"/> if no, cannot be approved					
Expense Type:			Pre-Trip Estimated Amount	Post Trip Actual Amount	Due to Employee
Roundtrip Mileage (per district chart)		miles @ 0.70 current rate	\$	\$	\$
Airfare: <input type="checkbox"/> Include copy of legal ID	PO#:	DOB:	Gender:		
Car Rental	PO#:				
Lodging- List Hotel name:					
Meals & Incidental: (no receipts required)	calculate amount using table below				
Registration Fees	PO#:				
Public Transportation					
Parking					
Other/Misc. -Describe:					
Total			\$	\$	\$

- 1) Seventy-five percent (75%) of the daily meal and incidental allowance is allowed on the day of departure and return, which is \$48, regardless of the time of day departing and returning
- 2) On full days, enter the Incidental Allowance of \$5 per day. Also if there are no meals provided, enter the full day meal allowance of \$59 per day on the table below
- 3) For event provided or hotel provided meals, edit the daily meal rate accordingly below
- 4) Enter the total adjusted allowance from the table below into the meals & incidental section above
- 5) For more than 6 days, attach an additional sheet

	Day of Departure	Day 2	Day 3	Day 4	Day 5	Day of Return	Total
Breakfast \$14							
Lunch \$16							
Dinner \$29							
Full Day Meal Allowance \$59							
Full Day Incidental Allowance \$5							
Day of Departure/Return \$48	\$ 48					\$ 48	
Total	\$ 48	\$	\$	\$	\$	\$ 48	\$

****Signature must be provided by the employee receiving reimbursement for travel****

Employee Signature: _____
 Immediate Supervisor's Printed Name & Signature _____
 Federal Fund and/or Grant Printed Name & 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: _____

****Appropriate 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****