

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"/> Request for Travel Advancement complete	*Itemized Hotel 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"/> Map/driving instructions are attached. Start at Admin. 400 E. Loop 340 Bellmead, TX 76705 and end at hotel address .	Registration receipt, if applicable
<input type="checkbox"/> Hotel Confirmation is attached	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"/> Request for Reimbursement 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)
Date Processed-Admin.:	Date Processed-Admin.:
Employee's Signature _____ Date _____	Employee's Signature _____ Date _____
Supervisor's Signature _____ Date _____	Supervisor's Signature _____ Date _____

****Itemized means a detailed 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)

If requesting a travel advancement, the travel request form and all appropriate documentation must be submitted to the Business Office at least 10 days prior to travel. Please see the attached checklist for documentation required.

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. *Meal Times: Breakfast (Before 8 am) Dinner (After 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 (LVISD Admin Office to Hotel Address) _____ miles x **.725 cents per mile** \$ _____
- C. Lodging: _____ Room(s) X _____ night(s) X \$ _____ per night \$ _____
- D. Total Meals Breakdown: **\$63 /day** or **\$16 /Breakfast**, **\$19/Lunch**, **\$28 /Dinner** \$ _____
- E. Other Expenses - See Instructions. Please be Specific. \$ _____

Total of all estimated expenses, including registration

Total Expenses \$ _____

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

Budget Code(s) to be charged:

Mileage plus lodging

_____ Amount: \$ _____

_____ Amount: \$ _____

Mileage plus lodging room rate only

Total of these lines should equal same as Total Expenses line above

Employee's Signature & Date _____

Supervisor's Signature & Date _____

Director Approval _____

Date _____

Business Office Approval _____

Date _____

La Vega Independent School District

Request for Reimbursement

Request for reimbursement must be submitted to the Business Department within 10 days of return. Please ensure all appropriate documentation and receipts are attached.

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 @ 0.725 cents						
Lodging: Name of Hotel						
Meals: 75% on Travel Days for Federal Funds only						
Breakfast: \$16 75% (\$12.00)						
Lunch: \$19 75% (\$14.25)						
Dinner: \$28 75% (\$21.00)						
Other Expenses:						
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