

Port Neches-Groves Independent School District

Travel Advance and Expense Report

Name _____		Campus _____		Today's Date _____	
Name of Workshop: _____			Workshop Location _____		
Departure Date _____		Time: _____		Return Date: _____	
				Time _____	

This form must be received in the business office the week prior to departure or all expenses will be paid on a reimbursement basis.

Estimated Expenditures

No. of Employees/Sponsors _____		
Breakfast	@ \$12.00 each	\$ _____
Lunch	@ \$14.00 each	\$ _____
Dinner	@ \$20.00 each	\$ _____
No. of Students Traveling _____		
No. of Student Meals	@ \$12 each	\$ _____
Gas/Parking		\$ _____
Personal Car Approval _____		
Hotel	Nights @ \$ _____ each	\$ _____
Number of Rooms _____		
Hotel Name _____		
Hotel Address _____		
☐ Check to Employee		
Total Advanced to Employee \$ _____		
Registration/Entry Fees \$ _____ Due by _____		
To: _____ (Attach a copy of registration information)		
☐ Send to Employee ☐ Send to Vendor		
Account(s):		
	Amount	
	Amount	
Employee's signature _____		Date _____
Supervisor's Approval _____		Date _____
Business Manager Approval _____		Date _____

Actual Expenditures

Departure Date _____		Return Date _____	
Departure Time _____		Return Time _____	
Meals (Adults)	\$ _____		
Meals (Students) (Attach Receipts)	\$ _____		
Actual No. of Students _____			
Hotel: _____ Nights (Attach Receipts)	\$ _____		
Actual Miles _____ @ .725	\$ _____		
Other Expenses (List and Attach Receipts)			
Gas/Parking (receipts required)	\$ _____		
Registration/Entry Fees (Attach Receipts)	\$ _____		
TOTAL EXPENSES	\$ _____		
Less Advanced Payments	\$ _____		
Refunded to Employee	\$ _____		
Check # _____			
Refunded to District	\$ _____		
Receipt # _____			

**SETTLEMENT COPY MUST BE IN THE BUSINESS OFFICE
15 WORKING DAYS AFTER THE TRIP**

Employee certifies that all expenditures are work-related and that they are allowed by PN-GISD Board and Administrative Policies.

Employee's Signature _____	Date _____
Principal's/Supervisor's Signature _____	Date _____
Business Manager Approval _____	Date _____

Revised 8/25/26