

**San Felipe Del Rio CISD
Employee Travel Authorization & Settlement Form**

Purchase Order Numbers:

| | | | | | |
|---------|----------------------|--------------|----------------------|----------------|----------------------|
| Mileage | <input type="text"/> | Hotel | <input type="text"/> | Transportation | <input type="text"/> |
| Meals | <input type="text"/> | Registration | <input type="text"/> | Other | <input type="text"/> |

Name of Person Traveling:

Accounting Use Only
Credit Card # Assigned:

Purpose of Travel:

Campus and Organization Name:

Destination

Estimated Date

| | | | |
|--------|----------------------|------|----------------------|
| Leave | <input type="text"/> | Time | <input type="text"/> |
| Return | <input type="text"/> | Time | <input type="text"/> |

Actual Date

| | | | |
|--------|----------------------|------|----------------------|
| Leave | <input type="text"/> | Time | <input type="text"/> |
| Return | <input type="text"/> | Time | <input type="text"/> |

Mode of Transportation: **Check the box for the vehicle you are taking**

| | | | | | | | | | |
|------|--------------------------|--------|--------------------------|------------------|--------------------------|-------|----------------------|--------------|----------------------|
| Van: | <input type="checkbox"/> | Other: | <input type="checkbox"/> | Private Vehicle: | <input type="checkbox"/> | Rate: | <input type="text"/> | Total Miles: | <input type="text"/> |
|------|--------------------------|--------|--------------------------|------------------|--------------------------|-------|----------------------|--------------|----------------------|

(Include the complete account number)

Account Code:

| | Estimated Expenses: | Actual Expenses: |
|--------------|----------------------|----------------------|
| Meals | <input type="text"/> | <input type="text"/> |
| Registration | <input type="text"/> | <input type="text"/> |
| Lodging | <input type="text"/> | <input type="text"/> |
| Mileage | <input type="text"/> | <input type="text"/> |
| Other | <input type="text"/> | <input type="text"/> |
| Total | <input type="text"/> | <input type="text"/> |

| | |
|------------------|----------------------|
| Amount Advanced: | <input type="text"/> |
| Due to Traveler: | <input type="text"/> |
| Due to District: | <input type="text"/> |

Approval Signatures:

Return Travel Settlement Signatures (Completed):

| | | | |
|-----------------------|------|--|------|
| <input type="text"/> | | <p><i>TEA 1/8/15 Grant Travel Guidance- 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. Actual costs that exceed the GSA rates will not be reimbursed.</i></p> | |
| Signature of Traveler | Date | | |
| <input type="text"/> | | | |
| Principal/Director | Date | | |
| <input type="text"/> | | Signature of Traveler | Date |
| <input type="text"/> | | <input type="text"/> | |
| District Officer | Date | Principal/Director | Date |