

San Felipe Del Rio CISD
Roster, Meal and Attendance Form

Campus and Organization Name: _____

No. of Females _____

No. of Males: _____

Ttl No. of Students: _____

Date: _____

Purpose of Travel: _____

Destination: _____

At the completion of every trip, all students who went on the trip, must sign their own name below. The sponsor and principal responsible for the students must verify the students signatures by signing below. Also if money was given to the students/sponsors, amounts need to be entered and initialed by each individual.

Students:

Name	Signature	Amt \$	Initial	Name	Signature	Amt \$	Initial
1				21			
2				22			
3				23			
4				24			
5				25			
6				26			
7				27			
8				28			
9				29			
10				30			
11				31			
12				32			
13				33			
14				34			
15				35			
16				36			
17				37			
18				38			
19				39			
20				40			

Sponsor Settlement Signature

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 GSA rates will not be reimbursed.

Sponsors:

Name	Signature	Amt \$	Initial	Name	Signature	Amt \$	Initial
1				4			
2				5			
3				6			

Signature of Sponsor/Coach

Date

Principal/Athletic Director

Date

***Signatures needed after trip has been completed