

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:

Purpose of Travel:

Campus and Organization Name:

Destination

Accounting Use Only
Credit Card # Assigned:

Estimated Date

Leave

Time

Return

Time

Actual Date

Leave

Time

Return

Time

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

Van:

Other:

Private Vehicle:

Rate: Total Miles:

(Include the complete account number)

Account Code:

**Estimated
Expenses:**

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

**Actual
Expenses:**

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

Amount Advanced:

Due to Traveler:

Due to District:

Approval Signatures:

| | |
|-----------------------|------|
| <input type="text"/> | |
| Signature of Traveler | Date |
| <input type="text"/> | |
| Principal/Director | Date |
| <input type="text"/> | |
| District Officer | Date |

Return Travel Settlement Signatures (Completed):

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.

| | |
|-----------------------|------|
| <input type="text"/> | |
| Signature of Traveler | Date |
| <input type="text"/> | |
| Principal/Director | Date |