

**San Felipe Del Rio CISD  
Roster, Meal and Attendance Form**

Campus and Organization Name: _____	<b>No. of Females</b>	<b>No. of Males:</b>	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.

<b>Students:</b>							
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			

<b>Sponsor Settlement Signature</b>	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.
<b>Sponsors:</b>	
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	