

GOOSE CREEK CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

- Travel Request/Expense Form -

Traveler Information		Event Information	
Name _____		Title _____	
Campus/Department _____		Description/Purpose _____	
Departure Date _____	Time _____	Destination _____	
Return Date _____	Time _____	Start Date _____	Time _____
		End Date _____	Time _____

Expenses			
	Estimated Expense	Advance/Check Request	Actual Out of Pocket Expense
Registration Fee Completed registration form & receipt required (Check Request)	\$ _____	\$ _____	\$ _____
Lodging Not to exceed Comptroller's lodging rates (Check Request) Shared Room? <input type="checkbox"/> Yes <input type="checkbox"/> No - if yes, with who? _____	\$ _____	\$ _____	\$ _____
Meals https://www.gsa.gov/	\$ _____	\$ _____	\$ _____
Personal Vehicle Calculated using Google Maps Number of miles _____ x \$0.655 / mile	\$ _____		\$ _____
Airfare To be purchased by Accounts Payable	\$ _____		\$ _____
Car Rental Must take collision damage and/or loss damage waiver (PO required) Rental Company	\$ _____		\$ _____
Ride share/Parking/Other Receipts required - valet parking is not reimbursable	\$ _____		\$ _____
Total	\$ _____	\$ _____	\$ _____
Balance due to			\$ _____

Authorization	
<input type="checkbox"/> Anyone who operates a motor vehicle on a highway in Texas must have a Texas Driver's License and carry minimum auto liability insurance. By checking this box, I certify that I am in compliance with these state laws.	
Employee _____	Date _____
Principal/Dept. Head _____	Date _____
Program Director (if required) _____	Date _____
AED/Asst. Supt./Dep. Supt. (if required) _____	Date _____
Superintendent (if required) _____	Date _____

Budget Coding	
Employee Expense Coding:	
<input type="checkbox"/> Advance <input type="checkbox"/> Reimbursement _____ - _____ - _____ - _____ - _____ - _____ - _____ - _____	\$ _____
<input type="checkbox"/> Advance <input type="checkbox"/> Reimbursement _____ - _____ - _____ - _____ - _____ - _____ - _____ - _____	\$ _____
<input type="checkbox"/> Advance <input type="checkbox"/> Reimbursement _____ - _____ - _____ - _____ - _____ - _____ - _____ - _____	\$ _____
<input type="checkbox"/> Advance <input type="checkbox"/> Reimbursement _____ - _____ - _____ - _____ - _____ - _____ - _____ - _____	\$ _____

Authorization	
1. All travel must follow the approved administrative guidelines for district travel. 2. Employees must ensure funds are available prior to requesting permission to travel. 3. Advance requests must be submitted to Accounts Payable 14 days prior to trip departure. 4. A brochure with conference dates, times & agenda must be attached to this form.	5. Out-of-state travel must be approved by the Superintendent. 6. Actual receipts are required for all expenses except meals. 7. Requests for reimbursement must be submitted to Accounts Payable within 30 calendar days of travel. 8. Per diem meal allowance is only permitted for trips that require an overnight stay. 9. Employees shall be responsible for reimbursing the District for any unauthorized charges upon return from travel.

**** All travel reimbursements will be paid via direct deposit for any employee receiving their paychecks through direct deposit ****