GOOSE CREEK CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
- Travel Request/Expense Form –

Traveler Information

Name _____

Campus/Department _____

Departure Date _____ Time _____

Return Date _____ Time _____

Event Information

Title _____

Description/Purpose _____

Destination _____

Stat 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? ☐ Yes ☐ No – if yes, with who? _____	$ _____	$ _____	$ _____
Meals https://www.gsa.gov/	$ _____	$ _____	$ _____
Personal Vehicle Calculated using www.mapquest.com Number of miles _____ x $0.725 / mile	$ _____		$ _____
Airfare To be purchased by traveler, reimbursed upon return	$ _____		$ _____
Car Rental Must take collision damage and/or loss damage waiver (PO required) Rental Company	$ _____		$ _____
Taxi/Toll/Parking/Other Receipts required – valet parking is not reimbursable	$ _____		$ _____
Total	$ _____	$ _____	$ _____
Balance due to Employee			$ _____

Authorization

☐ **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:

☐ Advance ☐ Reimbursement ____ - ____ - ____ - ____ - ____ - ____ - ____ $ _____

☐ Advance ☐ Reimbursement ____ - ____ - ____ - ____ - ____ - ____ - ____ $ _____

☐ Advance ☐ Reimbursement ____ - ____ - ____ - ____ - ____ - ____ - ____ $ _____

☐ Advance ☐ 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 **