

# 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 _____		Stat Date _____		Time _____	
				End Date _____		Time _____	

Expenses			
	Estimated Expense	Advance/Check Request	Actual Out of Pocket Expense
<b>Registration Fee</b> Completed registration form & receipt required (Check Request)	\$ _____	\$ _____	\$ _____
<b>Lodging</b> Not to exceed Comptroller's lodging rates (Check Request) Shared Room? <input type="checkbox"/> Yes <input type="checkbox"/> No - if yes, with who? _____	\$ _____	\$ _____	\$ _____
<b>Meals</b> <a href="https://www.gsa.gov/">https://www.gsa.gov/</a>	\$ _____	\$ _____	\$ _____
<b>Personal Vehicle</b> Calculated using <a href="http://www.mapquest.com">www.mapquest.com</a> Number of miles _____ x \$0.70 / mile	\$ _____		\$ _____
<b>Airfare</b> To be purchased by traveler, reimbursed upon return	\$ _____		\$ _____
<b>Car Rental</b> Must take collision damage and/or loss damage waiver (PO required) Rental Company _____	\$ _____		\$ _____
<b>Taxi/Toll/Parking/Other</b> Receipts required - valet parking is not reimbursable	\$ _____		\$ _____
<b>Total</b>	\$ _____	\$ _____	\$ _____
<b>Balance due to Employee</b>			\$ _____

Authorization	
<input type="checkbox"/> <b>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.</b>	
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			
<b>Employee Expense Coding:</b>			
<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   |   |
|---|---|
| <ol style="list-style-type: none"> <li>All travel must follow the approved administrative guidelines for district travel.</li> <li>Employees must ensure funds are available prior to requesting permission to travel.</li> <li>Advance requests must be submitted to Accounts Payable 14 days prior to trip departure.</li> <li>A brochure with conference dates, times &amp; agenda must be attached to this form.</li> </ol> | <ol style="list-style-type: none"> <li>Out-of-state travel must be approved by the Superintendent.</li> <li>Actual receipts are required for all expenses except meals.</li> <li>Requests for reimbursement must be submitted to Accounts Payable within 30 calendar days of travel.</li> <li>Per diem meal allowance is only permitted for trips that require an overnight stay.</li> <li>Employees shall be responsible for reimbursing the District for any unauthorized charges upon return from travel.</li> </ol> |

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