

SEGUIN INDEPENDENT SCHOOL DISTRICT Out-of-District Travel Voucher

Check one: ADVANCE REIMBURSEMENT (due within 5 days) RECONCILIATION (due within 5 days)

Name of Employee (print) _____ Employee Vendor# _____ School/Department _____

Name of Conference/Activity: _____

Date(s) of Conference/Activity: _____ Location: _____

Travel Date(s): Depart Date: _____ Time: _____ Return Date: _____ Time: _____

Purpose: _____

DESCRIPTION OF EXPENDITURES (Include meals, transportation, hotel, registration, etc.)	Related Expenses	Employee Advance	Actual Expenses Paid by Employee
Meals: Staff meals	XXXXXXXXXXXXXXXXXXXX		
	XXXXXXXXXXXXXXXXXXXX		
Student meals	XXXXXXXXXXXXXXXXXXXX		
_____ x _____ = _____ @ \$8.00 each =	XXXXXXXXXXXXXXXXXXXX		
# of Students # of Meals # of Total Meals	XXXXXXXXXXXXXXXXXXXX		
Mileage: _____ miles @ 0.60 per mile =	XXXXXXXXXXXXXXXXXXXX		
Passengers:	XXXXXXXXXXXXXXXXXXXX		
Hotel:	XXXXXXXXXXXXXXXXXXXX		
Shared with:	XXXXXXXXXXXXXXXXXXXX		
Registration:			
Registration RPO/PO #:			
Other Expenses:			
COLUMN TOTALS:	\$	\$	\$
	Less Employee Advance →		
_____ Due District (attach receipt)	XXXXXXXXXXXX	XXXXXXXXXXXX	\$
_____ Due Employee			

ACCOUNT CODE(S): _____ EMPLOYEE PO #: _____

ADVANCE REQUEST: I certify the expenditures claimed are for official District business. I understand that I must submit an accounting of my trip to Business Services, including required receipts, **within five (5) days of the return date noted above.** I also understand that failure to do so may result in any advance I receive being deducted from my payroll check and possible disciplinary action.

Employee Signature: _____ **Date:** _____

Approved By: _____ **Date:** _____

REIMBURSEMENT/RECONCILIATION: I certify the actual expenses paid by me were for official District business. I understand that I must submit an accounting of my trip to Business Services, including required receipts, **within five (5) days of the return date noted above.**

Employee Signature: _____ **Date:** _____

Approved By: _____ **Date:** _____

Business Services Approval: _____ **Date:** _____