

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	Chase Credit Card	Actual Expenses Paid With Chase Credit Card	Employee Advance	Actual Expenses Paid by Employee
Meals: Staff meals	XXXXXXXXXXXXXXXXXX				
	XXXXXXXXXXXXXXXXXX				
Student meals	XXXXXXXXXXXXXXXXXX				
_____ x _____ = _____ @ \$8.00 each =	XXXXXXXXXXXXXXXXXX				
# of Students # of Meals # of Total Meals	XXXXXXXXXXXXXXXXXX				
Mileage: _____ miles @ 0.725 per mile =	XXXXXXXXXXXXXXXXXX				
Passengers:	XXXXXXXXXXXXXXXXXX				
Hotel:	XXXXXXXXXXXXXXXXXX				
Shared with:	XXXXXXXXXXXXXXXXXX				
Registration:					
Registration RPO/PO #:					
Other Expenses:					
COLUMN TOTALS:	\$	\$	\$	\$	\$
	XXXXXXXXXXXX	XXXXXXXXXXXX	Less Employee Advance →		\$
_____ Due District (attach receipt) _____ Due Employee	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	\$

ACCOUNT CODE(S): _____ CHASE PO #: _____ 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:** _____