

# 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
<b>Meals:</b> Staff meals	XXXXXXXXXXXXXX				
	XXXXXXXXXXXXXX				
Student meals	XXXXXXXXXXXXXX				
_____ x _____ = _____ @ \$8.00 each =	XXXXXXXXXXXXXX				
# of Students      # of Meals      # of Total Meals	XXXXXXXXXXXXXX				
<b>Mileage:</b> _____ miles @ 0.70 per mile =	XXXXXXXXXXXXXX				
Passengers:	XXXXXXXXXXXXXX				
<b>Hotel:</b>	XXXXXXXXXXXXXX				
Shared with:	XXXXXXXXXXXXXX				
<b>Registration:</b>					
Registration RPO/PO #:					
<b>Other Expenses:</b>					
<b>COLUMN TOTALS:</b>	\$	\$	\$	\$	\$
	XXXXXXXXXX	XXXXXXXXXX	<b>Less Employee Advance →</b>	\$	
_____ Due District (attach receipt)      _____ Due Employee	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	\$

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: \_\_\_\_\_