

WEST ORANGE-COVE CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

Travel Advance and Expense Report

EMPLOYEE PAID

\$	#	DATE	E
PO#			P
CK#			

HOTEL PAID

\$	#	DATE	E
PO#			P
CK#			

AIRFARE PAID

\$	#	DATE	E
PO#			P
CK#			

NAME	HOME ADDRESS	ZIP CODE
NAME OF WORKSHOP		WORKSHOP LOCATION
TODAY'S DATE: _____		Departure Date: _____ Time _____ AM / PM
Deliver Check to Location: _____		Return Date: _____ Time _____ AM / PM

ADVANCE/REIMBURSEMENT (Circle One)

Car Mileage _____ @.67 _____
 AirFare _____
 Baggage _____
 Rental Car _____
 Parking _____
 District Vehicle _____

Date	Breakfast	Lunch	Dinner	Meals:
				Adults _____
				Students _____
Total				
Leave	7 a.m.	11 a.m.	5 p.m.	
Return	8 a.m.	1 p.m.	7 p.m.	

Hotel Per Diem Rate _____ Hotel Rate _____
Total Hotel Amt: _____

Amt to Fed: \$ _____
 Amt to Local: \$ _____
 Send to Hotel _____
 Send to Employee _____

Hotel Name & Address: _____

TAERS must be in the business office 15 days prior to trip

Total Amount \$ _____

Total Needed by: Date: _____

ACTUAL EXPENDITURES

Actual Miles _____
 Airfare _____
 Baggage _____
 Rental Car _____
 Parking _____

Date	Breakfast	Lunch	Dinner	Meals:
				Adults _____
				Students _____
Total				
Leave	7 a.m.	11 a.m.	5 p.m.	
Return	8 a.m.	1 p.m.	7 p.m.	

***Attach Meal Receipts for Student Travel**

Hotel @ _____ Nights (attach receipts) \$ _____

Total Expenses \$ _____
 Less Advanced Payments \$ _____
 Refunded to Employee \$ _____
 Refunded to District \$ _____

EMPLOYEE REFUNDED	
\$ _____	# _____
PO# _____	
CK# _____	Date _____
P _____	E _____

EXPENSE REPORT MUST BE IN THE BUSINESS OFFICE 5 WORKING DAYS AFTER THE TRIP

Employee's Signature	Date
Supervisor	Date
Program Director	Date
Chief Financial Officer	Date

I certify that all of Per Diem was used for work related travel expense and I have read and accept responsibility for compliance with the West Orange-Cove CISD Travel Guidelines.

Employee's Signature	Date
Organizational Manager/Supervisor	Date
Program Director	Date
Director of Finance	Date