

Date: \_\_\_\_\_

Original Travel PO# \_\_\_\_\_

Vendor #: \_\_\_\_\_

**Recap of Travel Expenses should be turned in within 5 days of your return**

Employee \_\_\_\_\_

Campus/Department \_\_\_\_\_

Destination \_\_\_\_\_

City \_\_\_\_\_

Departure: \_\_\_\_\_  
(Date & time ) (Include AM/PM)

Return: \_\_\_\_\_  
(Date & time ) (Include AM/PM)

**MEALS: Please recap the actual amount of students/sponsors that attended**

_____	_____	=	_____	@ \$8.00	= \$	_____	Tota Meal Expense =\$	_____
Actual # of Students	# Meals		Total Meals			Student Meals (per diem)		Less Meal Advance =\$ _____
_____	_____	=	_____	@ \$10.00	= \$	_____	Difference =\$	_____
Actual # of Adults	# Meals		Total Meals			Sponsor Meals (per diem)		
			Meals to be reimbursed from receipts		= \$	_____		
						Total of attached meal receipts		Amount Due = \$ _____

**OTHER ASSOCIATED COSTS: Please attach all original receipts**

**Transportation:**

<b>Original PO# for Transportation</b>	_____	<b>Comments</b>
_____ X _____	= \$ _____	
Miles Rate Per Mile		
Gasoline (for lease vehicle)	= \$ _____	
Airline (baggage fees, etc)	= \$ _____	
		Amount Due = \$ _____

**Lodging: Original hotel receipt must be attached**

<b>Original PO# for Lodging</b>	_____	<b>Comments</b>
Actual amount paid for lodging	= \$ _____	
Additional lodging expense	= \$ _____	
		Amount Due = \$ _____ <small>Calculated by finance</small>

**Other Expenses: All original receipts must be attached**

_____	= \$ _____	<b>Comments</b>
Description of Expense	Amount	
_____	= \$ _____	
Description of Expense	Amount	
_____	= \$ _____	
Description of Expense	Amount	
Amount due back to CISD	Budget Code	_____
Amount due to employee	Budget Code	_____
No amount due		

***I certify that the expenses claimed are correct and have not been claimed elsewhere.***

Employee/Sponsor in charge \_\_\_\_\_

Date \_\_\_\_\_

Principal/Director \_\_\_\_\_

Date \_\_\_\_\_