

Purchasing Training for Travel

TRICE CLARK

Buyer, Purchasing Department
Conroe Independent School District
936-709-7750
ddclark@conroeisd.net

How is TRAVEL defined?

“Travel” is defined as traveling both inside or outside of Conroe ISD boundaries where you are acting as a representative of the District.

In this case, the District may reimburse you for some or all of your qualified expenses.

Types of Travel

✓ Student Travel

- Fine Arts events
- Athletic events

✓ Field Trips

✓ Employee Travel

- Out-of-District Travel
 - Conferences
 - Training Sessions
- Intra-District Travel
 - Mileage

Quote

“If you don’t have time to do it right,
when will you have time to do it over?”

- John Wooden

- ✓ Minimizes delays in receiving funds for trips
- ✓ Allows a little time to make adjustments if necessary



CONROE
INDEPENDENT
SCHOOL DISTRICT

CISD Apps




Student Apps

District Quick Links

My Links

Search Applications...

Favorite Apps

AZ   



Teacher Incentive
Allotment



Employee Vaccination
Opportunities



ViewIT



Outlook



Google Drive



Financial
Services

Financial Services



Employee Access
Center

Employee Access Center



Kronos



Safe Schools



Zoom Employees



Directory



Frontline Education



Travel Requests & Travel Forms

CISD Travel Requests and approvals are done through the eFinance system using a requisition. Follow the instructions on the right to enter a travel approval requisition. Review the Student Travel – Finance Manual and Employee Travel-Finance Manual on the right for the CISD Travel rules and per diems.

Attach the following to the Travel Request requisition:

1. Employee or Student/ Field Trip Travel Request Form
2. One page document (description of event). *If using Tour Operator add contract & itinerary.
3. Student List (if Student travel form used)

Allow up to 15 days for a travel request to be processed and funds distributed.* All employee travel advances/ reimbursements processed through Accounts Payable will be deposited electronically to employee bank account.

A recap of travel expenses with receipts must be turned in within 5 days***Reimbursement of tolls is prohibited***



- > [Travel Request Instructions](#)
- > [Travel Guidance Instructions](#)
- > [Student Travel - Finance Manual](#)
- > [Employee Travel - Finance Manual](#)
- > [Employee Travel Request Form](#)
- > [Student/ Field Trip Travel Request Form](#)
- > [Monies Disbursed to Students Form](#)
- > [Meal Receipts? Yes or No](#)
- > [Travel Recap Form](#)

TRAVEL REQUEST INSTRUCTIONS

- Employee receives verbal/written authorization for travel from supervisor.
- Employee will gather relevant documentation for the trip (event details, hotel information, etc.) and save copies electronically.
- Employee will complete relevant interactive travel form, located on the Purchasing website
- Employee will send email to budget secretary and attach completed travel request form AND pertinent registration paperwork (conference flyer/brochure, hotel confirmation, rental car quote, charter bus quote, etc.) for future requisition entry.
 * A Travel Request must be entered even if \$0 requested or if paid from Activity Funds.
- Budget secretary will enter a requisition based on the emailed information provided by the employee using the appropriate **TRAVEL DEPT CODE** based on the originator's information (i.e. XXXTRAV_xxx) and listing the **CISD employee as the Vendor**. The \$ amount will match the CASH ADVANCE REQUESTED on the Travel Form. Type TRAVEL APPROVAL or FIELD TRIP APPROVAL in comments line.

TRAVEL DEPT CODES	
(see key below)	
1	TRAV_ATH
2	TRAV_SPED
3	TRAV_MATH
4	TRAV_BI_ESL
5	TRAV_LA
6	TRAV_LIB
7	TRAV_SS
8	TRAV_GEN
9	TRAV_CTE
10	TRAV_CO_NR
11	TRAV_COUN
12	TRAV_SCI
13	TRAV_FED
14	TRAV_GT_EC
15	TRAV_FA

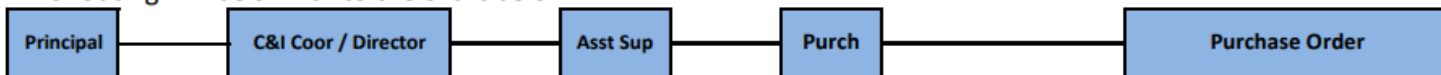
Use **Commodity #850-005 Travel Approval**.

Description: Who, what, when, where (ex: John Doe to TASBO 3-1-16 & 3-2-16 in San Antonio)

Emp Travels: Attach travel form and one-page document (description of event) to requisition.

Student Travels: Attach travel form, one-page document (description, schedule), and student list to the requisition.

- The requisition will be routed to the appropriate approval levels based on the DEPT CODE entered. This routing will be similar to the chart below:



- Once the requisition has been approved and converted to a PO, the new PO# will be used as your reference for any additional requisitions for this travel (conference registration, hotel, travel, etc.). Enter the travel PO# on the comments line.

- 7 Once the requisition has been approved and converted to a PO, the new PO# will be used as your reference for any additional requisitions for this travel (conference registration, hotel , travel, etc.). Enter the travel PO# on the comments line.

- 8 Budget secretary will enter a requisition for conference registration to appropriate vendor. Use your regular Dept Code (ex: 001) - not the TRAV_XXX. Enter **Travel PO#XXX** on 1st line of the comments line. If you have more than 1 travel PO#, list all additional PO #'s in the Notes section of the requisition. Attach required backup (conference confirmation only) to the requisition and submit for approval.

- 9 Repeat step 8 for other items on the Travel Request (i.e.. hotel, transportation, etc.) Use your regular Dept Code. ***The TRAV_XXX DEPT CODE is only for the travel requisition for travel approval with a CISD Employee as vendor.**

- 10 A Travel Recap Form (interactive) will be completed by employee to recap the trip. This form will need to be printed with original receipts attached, signed by the employee and supervisor, his/her supervisor and sent to Accounts Payable for processing.

TRAVEL DEPT CODE KEY:	
1 ALL ATHLETIC-RELATED INCLUDING NATATORIUM & PE	9 ALL CTE INCLUDING FFA AND CHILD CARE.
2 ALL SPECIAL ED INCLUDING STUDENT SUPPORT SERVICES	10 ALL COMMUNITY OUTREACH AND HEALTH RELATED (NURSES)
3 ALL MATH RELATED TRAVEL	11 ALL COUNSELOR RELATED TRAVEL
4 ALL BILINGUAL/ESL RELATED TRAVEL	12 ALL SCIENCE INCLUDING ROBOTICS AND SCIENCE FAIR TRAVEL
5 ALL LANGUAGE ARTS INCLUDING DEBATE/SPEECH, OTHER LANGUAGES, AND UIL ACADEMICS.	13 ALL FEDERALLY FUNDED PROGRAMS
6 ALL LIBRARIAN RELATED ITEMS	14 ALL GIFTED & TALENTED INCLUDING EARLY CHILDHOOD AND DESTINATION IMAGINATION.
7 ALL SOCIAL STUDIES INCLUDING JROTC, STUDENT COUNCIL, TEEN LEADERSHIP, AND JR ACHIEVEMENT.	15 ALL FINE ARTS TRAVEL INCLUDING DRILL TEAM, DANCE AND COLOR GUARD/WINTER GUARD.
8 CAMPUS LEVEL TRAVEL USING CAMPUS BUDGET FUNDS & FIELD TRIPS	

Conroe Independent School District Sponsor/Student Travel Request

Date: _____ Vendor #: _____

*** Travel Should be approved 15 days prior to trip***

Sponsor: _____ Campus/Department: _____

Purpose: _____
(Group) (Specify level/class) (Event)

Above District? YES* NO City: _____

***District policy states that an "Above District Event" is one for which students must qualify. All other travel expenditures must be charged to previously budgeted funds. A list of qualified students must be attached.**

Departure: _____ Return: _____
Date Time AM/PM Date Time AM/PM

Emergency Phone number (MANDATORY): _____

CASH ADVANCE REQUESTED: Should be entered on a Purchase Order

Meals				Account code(s) to be charged		
# Students	# Meals	Total Meals	@ \$ 8.00 = \$	6412	Account	Amount
		0	= \$ 0.00		Budget Unit	
Student Meals				6412	Account	Amount
					Budget Unit	
Sponsor Meals				6412	Account	Amount
# Sponsor(s)	# Meals	Total Meals	@ \$ 10.00 = \$		Budget Unit	
		0	= \$ 0.00		Budget Unit	
Sponsor Meals				6412	Account	Amount
Comments: (ex. no overnight, AF paying, etc)					Budget Unit	
					Budget Unit	
Total Meal Advance					Budget Unit	
					Budget Unit	
Amt should equal advance requested					Budget Unit	0.00
Total					Budget Unit	Total

OTHER ASSOCIATED COSTS: Please attach all quotes/documents available for the following costs

Transportation

Mode of Transportation	Additional Information
Students	(Comments/Confirmation#/Trip#)
Sponsors	

Lease/Charter Vehicle Company _____ Est. Total _____

Lodging

# Males	# Females	# Rooms	Additional Information
Students			Hotel Name
Sponsors			Comments
		0	0 X _____ X _____ = 0.00
			# Rooms # Nights Cost per room Est. Total

Other Expenses (list registration/entry fees and any other costs associated with this trip)

Description of Expense	Amount	Description of Expense	Amount	Est. Total
				0.00
Estimated Total Cost of Trip				0.00

A TRIP RECAP MUST BE DONE WITHIN 5 DAYS OF YOUR RETURN

There are (3) types of travels. Use the correct form for each type:

- Student
- Field Trips
- Employee

Conroe Independent School District Employee Travel Request

Date: _____ Vendor #: _____

**No advance on One Day Trips
Travel should be approved 15 days prior to trip**

Employee: _____ Campus/Department: _____

Destination: _____ City: _____

Departure: _____ Return: _____
Date Time Purpose Date Time Purpose

Cash advance requested: To be entered on a PURCHASE ORDER

Breakfast:	_____ X \$ 10.00 = \$ 0.00	Account code to be charged: 6411 _____ = \$ _____ Account Budget Unit Amount 6411 _____ = \$ _____ Account Budget Unit Amount
Lunch:	_____ X \$ 10.00 = \$ 0.00	
Dinner:	_____ X \$ 10.00 = \$ 0.00	
Total advance requested:	= \$ 0.00	
Total		This total should equal the advance requested: = \$ 0.00

Other Associated Costs: (not entered on this PO)

Other Associated Costs	Comments
Registration: = \$ _____	
Hotel: = \$ _____	
Transportation: = \$ _____	
Other: = \$ _____	
Total other associated costs: = \$ 0.00	
Total Cost of Trip: = \$ 0.00	

Additional Comments:

Conroe Independent School District Sponsor/Student Travel Request

Date: 10/1/14 Vendor #: _____

Sponsor: Jane Doe Campus/Department: CISD High School

Purpose: Marching Band HS US Bands Stepoff Marching Contest
(Group) (Specify level/class) (Event)

Above District? YES* NO city: Shenandoah, TX

*Travel Should be approved 15 days prior to trip**

**District policy states that an "Above District Event" is one for which students must qualify. All other travel expenditures must be charged to previously budgeted funds. A list of qualified students must be attached.*

Departure: 10/27 7:00AM Return: 10/27 9:00PM
Date Time AM/PM Date Time AM/PM

Emergency Phone number (MANDATORY): 111-222-3333

CASH ADVANCE REQUESTED: _____ should be entered on a Purchase Order

Meals			Account code(s) to be charged		
# Students	# Meals	Total Meals	Account	Budget Unit	Amount
			6412	1995360000099000	
= 0 @ \$ 8.00 = \$ 0.00			6412		
# Sponsor(s)	# Meals	Total Meals	Account	Budget Unit	Amount
			6412		
= 0 @ \$ 10.00 = \$ 0.00			6412		
Comments: (ex. no overnight, AF paying, etc)					Amount
					0.00
Total Meal Advance					Total
					0.00

OTHER ASSOCIATED COSTS: Please attach all quotes/documents available for the following costs

Transportation		Additional Information	
Students	Mode of Transportation: <u>CISD Vehicle</u>	R112233	
Sponsors	Mode of Transportation: <u>CISD Vehicle</u>	(Comments/Confirmation#/Trip#)	261.00
Lease/Charter Vehicle Company			Est. Total
			261.00

Lodging				Additional Information	
Students	# Males	# Females	# Rooms	N/A	
			0	Hotel Name	
Sponsors			0	Comments	
Total Rooms			0	# Rooms	# Nights
				Cost per room	Est. Total
					0.00

Other Expenses (list registration/entry fees and any other costs associated with this trip)					
Description of Expense	Amount	Description of Expense	Amount		
				0.00	
Description of Expense	Amount	Description of Expense	Amount	Est. Total	
			Estimated Total Cost of Trip		
			261.00		

A TRIP RECAP MUST BE DONE WITHIN 5 DAYS OF YOUR RETURN

The Travel Process

In order for trips to be authorized and you to receive travel approval and needed funds on time, you **MUST FIRST** submit a **TRAVEL REQUEST** by means of a Purchase requisition.

Any forms that arrive without full back-up and/or late will be sent back to your campuses, and not approved. What does this mean? It means the process will start ALL over again, and take twice as long.

Travel forms and instructions can be found online on the CISD purchasing website. Remember, you are requesting a **travel PO** that gives you authorization to travel; fees for events and additional expenses need to be submitted on a separate requisition. **Only meals will be advanced.**

Sponsor/Student forms should be turned in to your budget secretary a **MINIMUM of 15 working days prior** to the event (i.e. 3 weeks before).

They have to go through various levels of approval before becoming a PO, and each one takes time. The sooner the better!!!

Travel Department Codes

Student Travel:

TRAV_ATH, TRAV_FA, TRAV_CTE, etc.

Field Trip Travels:

Always will be TRAV_GEN

Employee Travel:

Based on department

The requisition will be routed to the appropriate approval levels based on the DEPT CODE entered. This routing will be similar to the chart below:



Approval routing is based on these codes. If in doubt, contact Purchasing to assist in locating the correct travel department code.

General Information

Requisition * [REDACTED]

DEPARTMENT * 113TRAV_GEN - HAILEY TRAVEL - GEN

Requested 09/30/2014 15

Required [REDACTED] 15

Vendor 35000156

Vendor Address [REDACTED]

Open

Comments FIELD TRIP APPROVAL

Buyer [REDACTED]

Attention [REDACTED]

Ship To * 113 - HAILEY ELEMENTARY SCHOOL
12051 SAWMILL ROAD
THE WOODLANDS TX 77380-2199

Enable Full Account View Select Detail Items

Item	Description	Quantity	Price	Total	BUDGET UNIT	Account
1	FIRST GRADE FIELD TRIP 1-21-15 8:45AM	1.00	0.0000	0.00	[REDACTED]	6412

Field Trip Travels:

Use TRAV_GEN department code. Type "FIELD TRIP APPROVAL" in the comments section. The vendor should be the teacher responsible for the field trip (and listed on the travel form). Type in the "who, what, when, and where" in the description section. Attach the Student Travel form, one page document (flyer, invitation, etc), and student list to the requisition. The same form used for Student Travels should be utilized for Field Trips.

Reminders:

Requisition “Comments” line options for Travel Reqs:

“Travel Approval”, “Field Trip Approval”

****NO OTHER COMMENTS ARE NECESSARY****

On subsequent reqs (registration, hotel, etc.), only type “PO#35XXXXXX” on the comments line. There are a limited # of characters available before the PO cuts off the numbers. If there is more than one Travel PO associated with the req, please type them in the “Notes” section of the requisition.

Double check the cash advance requested section to determine if a cash advance is being requested or not. This will be directly deposited into that employee’s account prior to the trip if requested.

After trip is over, complete the recap form. Print, attach original receipts, ensure it is signed by both employee and supervisor, and send to Travel in Accounts Payable for processing. **MUST BE SUBMITTED WITHIN 5 DAYS OF TRIP.**

****VIRTUAL TRAINING/CLASSES DO NOT REQUIRE TRAVEL APPROVAL; ONLY THE REGISTRATION REQUISITION WILL NEED TO BE SUBMITTED FOR THESE EVENTS****

Travel Commodity Codes

850-000		Travel	
	850-001	Travel	Charter Bus Rental
	850-002	Travel	Lodging
	850-003	Travel	(Blank)
	850-004	Travel	Mileage Reimbursement
	850-005	Travel	Travel Approval
	850-006	Travel	Travel Services (see 850-004 for Mileage Reimbursement and use 850-001 for Charter Bus)
	850-007	Travel	Vehicle Rental

Vehicle Rentals

Commodity Class #850-007

****NO STUDENT TRAVEL ALLOWED IN 10 PASSENGER VANS OR LARGER****

Vehicle Rentals

<u>Location:</u>	<u>Phone Number</u>	<u>Vendor Number</u>	<u>Manager:</u>	
Enterprise - Gullo Ford Con	936-494-1641	27000295	Elisha Washington	
Enterprise - Frazier St.	936-756-7211	27000296	Brandi Carter	Area Manager: Dwight
Enterprise - Woodlands	281-367-7890	90007121	Brittany Mullins	dwight.A.Kirkpatrick@ehi.com
Enterprise -(by Sam Moon)	936-271-7477	37000168	Tyler Moore	
Enterprise- Service King	281-288-0833	37000169	Latronn Waiters	

***See attached pages for specific rates & instructions for Enterprise. Bid reference: State Contract**

***State contract. Rates include CDW and SLP insurance coverage. No need to pay for additional insurance**

*** 2 day minimum on weekends (Saturday & Sunday).**

Procedures:

1. Call or go online and reserve a vehicle **IN ADVANCE**. **NEW REQUIREMENT: Enterprise billing #. See instructions on P. 3.**
Get a reservation #. Discuss terms (actual rental days charged, drop off & return of vehicle).
2. Enter a requisition with the following information in the Description field (line 1): **Who, What, When, Where, Why**
Reservation # & billing #, Pick Up Date & Time/ Return Date & Time; Destination, Group, Event, Driver Name, driver phone #
3. Obtain a copy of the PO from person entering the requisition and take it to rental agency when you pick up.
4. Rental Agency must have a PO or payment before you can drive off with the rented vehicle. Make sure they enter the PO # on invoice.
5. Renter must return vehicle **AND KEYS** immediately to end rental period. Failure to do this may result in extra days being charged to you. (The keys in Enterprises possession ends the rental term and basis for charges.)

***You must have an approved Purchase Order BEFORE you rent the vehicle.**

(Activity fund checks are no longer allowed. The money would need to be deposited into the AF budget account in order to create a Purchase Order)

*** Only a CISD employee can drive the rental vehicle (not parents or students)***

<u>Box Truck Rentals</u>	<u>Phone Number</u>	<u>Vendor Number</u>	<u>Email:</u>	
PV Rentals (box trucks only) * see attached pages for instructions	281-821-1180	35001257	rbutler@pvrentals.com	Bid reference: Buyboard
Enterprise- Humble * see attached pages for rates. Insurance included in rates.	281-441-6128	30000478		Bid reference: State Contract

The CISD warehouse has 3 20 ft box trucks for use after regular hours. See info/ request form on warehouse website.

Important Update: **AD Travel**

1. Remember, the first step in the travel process is to request permission to travel. (i.e. Submit travel forms and a requisition to generate a travel PO.) For AD travel, if you are hoping to qualify for an event, please submit a travel requisition for approval, and note “pending qualification on [DATE]” in the **“NOTES”** section. This alerts the finance office that you MAY be traveling for that event. If you have already qualified, submit the forms as you normally would.

2. Please note that **Latressa Davis in Accounts Payable** oversees all registrations, travel, etc. Since she literally oversees hundreds of requests each year, it is impossible for her to monitor whether an individual or group qualifies for an event, and when it will be occurring. In order to assist her with this, please send her a note **ASAP after qualifying** with the following information:

1. Budget Code used
2. Date
3. Travel PO (Approval)
4. Approximate Cost
5. Travel Requisition Number

You will then need to request AD funds from Robbin Lee in the Finance Department.

3. Your campus secretary cannot always remember the dates of your events, either. Help them by emailing a reminder; that way they can double-check the requisition status and be sure the funds you need are there when you need them. Especially for AD events, you may want to confirm that everything has been submitted at least 2 weeks out from the date.

If you need help, please contact the **Purchasing Department**.

Conroe Independent School District Sponsor/Student Travel Request

Date: 10/1/14 Vendor #: _____

** Travel Should be approved 15 days prior to trip**

Sponsor Jane Doe Campus/Department CISD High School
 Purpose Marching Band HS US Bands Steppoff Marching Contest
 (Group) (Specify level/class) (Event)
 Above District? YES* NO city Shenandoah, TX

**District policy states that an "Above District Event" is one for which students must qualify. All other travel expenditures must be charged to previously budgeted funds. A list of qualified students must be attached.*

Departure: 10/27 7:00AM Return: 10/27 9:00PM
 Date Time AM/PM Date Time AM/PM

Emergency Phone number (MANDATORY): 111-222-3333

CASH ADVANCE REQUESTED: Should be entered on a Purchase Order									
Meals					Account code(s) to be charged				
# Students	# Meals	Total Meals	@ \$ 8.00 =	= \$ 0.00	6412	1995360	0000	Amount	
					Account	Bud	Unit	Amount	
					6412			Amount	
# Sponsor(s)	# Meals	Total Meals	@ \$ 10.00 =	= \$ 0.00	Account	Budget		Amount	
					6412			Amount	
Comments: (ex. no overnight, AF paying, etc)									
No meals									
								Amount	0.00
								Total	

OTHER ASSOCIATED COSTS: Please attach all quotes/documents available for the following costs									
Transportation									
Students	Mode of Transportation	Est. Total	Additional Information						
	CISD Vehicle		2233						
Sponsors	CISD Vehicle	261.00	(Comments/Confirmation#/Trip#)						
			Lease/Charter Vehicle Company						
Lodging									
Students	# Males	# Rooms	N/A						
	45	0	Hotel Name						
Sponsors	# Males	# Rooms	Comments						
	2	0	0 X X = 0.00						
			# Rooms # Nights Cost per room Est. Total						


Other Expenses (list registration/entry fees and any other costs associated with this trip)									
Registration fees \$450									
Description of Expense	Amount	Description of Expense	Amount	Est. Total					
				450.00					
Description of Expense	Amount	Description of Expense	Amount	Est. Total					
				Estimated Total Cost of Trip \$711.00					

A TRIP RECAP MUST BE DONE WITHIN 5 DAYS OF YOUR RETURN

If you have any questions, please contact the **Purchasing Dept** ASAP...we want to ensure your travel goes through without any problems.

Mileage

- Mileage form is interactive and the formulas are already set to calculate the miles column.
- Mileage between CISD buildings has a drop-down for district locations.
- Other mileage has to be manually entered and additional documentation is required.


Mileage Form

Report Period : to
 Name : Department

Mileage between CISD buildings				
Date	Round Trip (Y/M)	Start Location / Destination (Select From Drop Down)	Business Purpose	Miles

Other Mileage (attach appropriate Mapquest documentation)				
Date	Round Trip (Y/M)	Start Location / Destination	Business Purpose	Miles

	Total Miles	0.00
	x per mile	0.545
	Amount Due	\$ -

Employee Signature : _____ Date : _____
 Supervisor Signature : _____ Date : _____

Questions?

Finance Training - Travel

Presented by

LaTressa Davis

Accounts Payable Clerk

Finance

Conroe Independent School District

936-709-7712

ladavis@conroeisd.net



Training Outline

- What is Travel
- Types of Travel
- Employee Travel Form
- Sponsor/Student Travel Form
- Travel Recap Form
- Monies Disbursed to Students Form
- Where to Access Forms
- Summary

What is Travel

- In general, “Travel” is defined as travel both inside and outside of the District boundaries where you are acting as a representative of the District. In this case, the District may reimburse you for some or all of your qualified expenses. (CISD Finance Manual Page 2-6)

Two Types of Travel

- Intra-District Travel (within the District) – See Finance Manual Page 2-6
- Out-of-District Travel

THE TRAVEL PROCESS



Employee Travel Request Form

- Name of traveler(s)
- Name of event/conference
- Location of event/conference
- Date of event/conference
- Other associated cost; registration and/or lodging; if applicable
- Comments
- **WHO – WHAT – WHEN - WHERE**

CONROE INDEPENDENT SCHOOL DISTRICT				EMPLOYEE TRAVEL REQUEST	
DATE:	08/21/2020				
VENDOR#:	3256015				
NO ADVANCES WILL BE MADE FOR ONE DAY TRIPS TRAVEL SHOULD BE APPROVED 15 DAYS PRIOR TO TRIP					
EMPLOYEE	John Doe		CAMPUS/DEPT	Conroe HS / Science	
DESTINATION	TEPSA Conference		CITY	Austin, TX	
DEPARTURE	DATE	TIME AM/PM	PURPOSE		
	9/1/2020	8am	Travel to conference		
RETURN	9/4/2020	5pm	Travel from conference		
CASH ADVANCE REQUESTED:				ACCOUNT CODE TO BE CHARGED:	
TO BE ENTERED ON THE TRAVEL REQUISITION ONLY					
BREAKFAST:	3	x	\$ 10.00	=	\$ 30.00
			6411	1995XXXXXXXXXXXXXX	\$ 90.00
			BUDGET UNIT		AMOUNT
LUNCH:	3	x	\$ 10.00	=	\$ 30.00
			6411		
			BUDGET UNIT		AMOUNT
DINNER:	3	x	\$ 10.00	=	\$ 30.00
TOTAL ADVANCE REQUESTED:					\$ 90.00
Reminder: Meal money cannot be advanced when using Federal funds				THIS TOTAL SHOULD EQUAL THE ADVANCE REQUESTED:	
					AMOUNT
OTHER ASSOCIATED COSTS: (NOT TO BE ENTERED ON THE TRAVEL REQUISITION)					
REGISTRATION:	=	\$	\$ 150.00	Comments:	Conference registration
HOTEL:	=	\$	\$ 350.00	Comments:	Hilton
TRANSPORTATION:	=	\$		Comments:	
OTHER:	=	\$	\$ 293.00	Comments:	
TOTAL OTHER ESTIMATED COSTS:	=	\$	\$ 793.00		
ESTIMATED COST OF TRIP:			\$ 883.00	A RECAP OF ACTUAL EXPENSES MUST BE SUBMITTED WITHIN 5 DAYS OF YOUR RETURN.	
Reminder: Please remember you will need to enter in separate requisitions for your registration, hotel, and rental cars.					
ADDITIONAL COMMENTS:					

Sponsor/Student Travel Request Form

- Name of traveler(s) and student roster
- Name of event/conference
- Location of event/conference
- Date of event/conference
- Other associated cost; registration and/or lodging; if applicable
- Comments
- **WHO – WHAT – WHEN - WHERE**

Conroe Independent School District		Sponsor/Student Travel Request	
Date:	10/1/2020	Vendor #:	0
<i>* Travel Should be approved 15 days prior to trip *</i>			
Employee	Jane Doe	Campus/Department	CISD High School
Purpose	Marching Band HS (Group) (Specify level/class)	US Bands Stepoff Marching Contest (Event)	
Above District?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	City	Shenandoah, TX
<i>*District policy states that an "Above District Event" is one for which students must qualify. All other travel expenditures must be charged to previously budgeted funds. A list of qualified students must be attached.</i>			
Departure:	10/27/2020 7:00 AM Date Time AM/PM	Return:	10/27/2020 9:00 PM Date Time AM/PM
Emergency Phone number (MANDATORY):		111-222-3333	
CASH ADVANCE REQUESTED: Should be entered on the requisition			
Meals		Account code(s) to be charged	
# Students	# Meals Each	Total Meals	@ \$ 8.00 = \$ 0.00
			Student Meals
			Account Budget Unit Amount
			6412
# Sponsor(s)	# Meals Each	Total Meals	@ \$ 10.00 = \$ 0.00
			Sponsor Meals
			Account Budget Unit Amount
			6412
Comments: (ex. no overnight, AF paying, etc)			
			= \$ 0.00
		Total Meal Advance	Amt should equal advance requested \$ 0.00
			Total
OTHER ESTIMATED COSTS:			
Transportation		Additional Information	
Students	Mode of Transportation		
Sponsors		(Comments/Confirmation/Trip#)	
		Lease/Charter Vehicle Company Est. Total	
Lodging		Additional Information	
Students	# Of Male Rms # Of Female Rms # Rooms	Hotel Name	
Sponsors		Comments	
		0 X 0 X = \$ 0.00	
	Total Rooms	# Nights	Cost per room Est. Total
Other Estimated Expenses (list registration/entry fees and any other costs associated with this trip)			
Description of Expense	Amount	Description of Expense	Amount
			\$ 0.00
Description of Expense	Amount	Description of Expense	Amount
			Est. Total
			Estimated Total Cost of Trip \$ 0.00
A TRIP RECAP MUST BE DONE WITHIN 5 DAYS OF YOUR RETURN			

Above District? YES* NO City Shenandoah, TX

**District policy states that an "Above District Event" is one for which students must qualify. All other travel expenditures must be charged to previously budgeted funds. A list of qualified students must be attached.*

Departure: 10/27 7:00AM Return: 10/27 9:00PM
Date Time AM/PM Date Time AM/PM

Emergency Phone number (MANDATORY): 111-222-3333

CASH ADVANCE REQUESTED: Should be entered on a Purchase Order

Meals				Account code(s) to be charged		
<input type="text"/>	<input type="text"/>	= <input type="text"/>	@ \$ <input type="text"/>	= \$	<input type="text"/>	<input type="text"/>
# Students	# Meals	Total Meals		Student Meals	Account	Budget Unit
					6412	1995363100199000
					6412	
					6412	
Comments: (ex. no overnight, AF paying, etc)						
i.e. "Paid from Activity" or "No funds requested"						
				Total Meal Advance		

OTHER ASSOCIATED COSTS: Please attach all receipts/documents available for the following costs

Transportation Additional Information

IMPORTANT UPDATE:

- The budget unit entered here **MUST** match what is entered on the travel request requisition, and include the **sub-object** for the corresponding department. (EX: band=31, choir=32, art=30, drama=42, orchestra=12, dance=47, drill=48)
- If not coded correctly, it will never get to the correct department for approval.
- Use the **comments box** to add additional info. Even if no advance is requested, put your funding source in the comments box. (i.e. "Paid from Activity" or "Paid by Boosters" or "No funds requested" OR for AD travel "Pending Qualification on [DATE]"

		Total Meal Advance	Total
OTHER ASSOCIATED COSTS: Please attach all quotes/documents available for the following costs			
Transportation		Additional Information	
	Mode of Transportation	R112233	
Students	CISD Vehicle	(Comments/Confirmation#/Trip#)	
Sponsors	CISD Vehicle		261.00
		Lease/Charter Vehicle Company	Est. Total
Lodging		Additional Information	
	# Males	# Females	# Rooms
Students	145	120	0
Sponsors	1	2	0
Total Rooms		0	
		N/A	
		Hotel Name	
		Comments	
		0 X _____ X _____ =	0.00
		# Rooms # Nights Cost per room	Est. Total
Other Expenses (list registration/entry fees and any other costs associated with this trip)			
Registration fees		\$450	
Description of Expense	Amount	Description of Expense	Amount
			450.00
Description of Expense	Amount	Description of Expense	Amount
			Est. Total
Estimated Total Cost of Trip			\$711.00
A TRIP RECAP MUST BE DONE WITHIN 5 DAYS OF YOUR RETURN			

In addition to attaching a roster – **Count your students** and list the total number of students (and sponsors) either under lodging or under meals. (List “0” as requested amounts if no funds needed for either.) You **MUST** include the number of students, even if you do not require funds.

Estimate the **cost of transportation** by listing the quote (for lease vehicles) or an estimate on CISD bus costs – the formula can be found on the [transportation website](#). (Estimate based on mileage.)

List any **additional fees** at the bottom under other expenses (i.e. registration). **Remember that these fees must be submitted through a separate requisition once you have the approved travel PO #.**

Other Associated Costs

Registration/Entry Fees

- **CHECKLIST (WHO, WHAT, WHEN, AND WHERE)**
- Name of traveler(s) and student list; names of all attendees
- Name of event/conference
- Location of event/conference
- Date of event/conference
- Registration/confirmation form with fee amount
- Remit address

Hotels/Lodging

- **CHECKLIST (WHO, WHAT, WHEN, AND WHERE)**
- Hotel address
- Confirmation number
- Dates of stay
 - Arrival date
 - Departure date
- Room amount per night
- Taxes (minus 6% state tax)
- Student list if applicable

Example (Registration Form)

ONLINE CONFERENCE REGISTRATION

REGISTRATION FORM (PLEASE PRINT CLEARLY)

REGIONS

1. Edinburg
2. Corpus Christi
3. Victoria
4. Houston
5. Beaumont
6. Humbleville
7. Kilgore
8. Mount Pleasant
9. Wichita Falls
10. Richardson
11. Fort Worth
12. Waco
13. Austin
14. Abilene
15. San Angelo
16. Amarillo
17. Lubbock
18. Midland
19. El Paso
20. San Antonio

NAME (as it should appear on name badge) _____

JOB TITLE - (required please) _____

SCHOOL/DISTRICT/ ORGANIZATION _____

EMAIL (required for confirmation) _____

WORK ADDRESS _____

CITY _____ STATE _____ ZIP _____

WORK PHONE (_____) _____ CELL PHONE (_____) _____

REGION (see right) _____

I would like to volunteer at the conference.

Non-member registrants will receive a One-year LSSSCA membership!

A. Main Conference - Attend both days (Nov. 9)

	LSSSCA Member*	Non-Member	Graduate Student†/Retiree*
<input type="checkbox"/> Early Register (by Sept. 30, 2020)**	\$79	\$109 (includes membership)	\$59
<input type="checkbox"/> Regular Registration (after Sept. 30, 2020)	\$89	\$119 (includes membership)	\$69

B. Pre-Conference Learning Sessions (Nov. 8)

Early Register (by Sept. 30, 2020)** + Regular Registration (after Sept. 30, 2020)

You can view multiple sessions! View one live and watch the others before February 6, 2021
Fee applies for each additional session. See below.

	LSSSCA Member*	Non-Member
<input type="checkbox"/> 1. Helping Students with Trauma & Emotional Dysregulation - Edwards	Early (by 9/30) \$30 per session	Early (by 9/30) \$45 per session
<input type="checkbox"/> 2. Social and Emotional Learning with Career Development - Bagwell	Regular (after 9/30) \$39 per session	Regular (after 9/30) \$55 per session
<input type="checkbox"/> 3. Legal Literacy and Ethical Practice - Stone		

(A) Full-Conference Total \$ _____

(B) Pre-Conferences Total \$ _____

(C) Membership Renewal* Total \$ _____

Total Due (A + B + C) \$ _____

C. LSSSCA Membership Renewal*

To renew membership, please add \$30 to line (C).

REGISTRATIONS CANNOT BE PROCESSED WITHOUT PAYMENT. PLEASE SEND PAYMENT AND REGISTRATION FORM(S) TOGETHER.

How and Where Do I Pay?

	VISA	AMEX	DISC	PHONE	CASH
CREDIT CARD	✓	✓	✓	✓	✓
PURCHASE ORDER		✓	✓		
CHECK					✓

WEBSITE: www.ncyj.org/lsssc

EMAIL: registrations@ncyj.org

FAK: 423-999-8547

PHONE: 856-318-4294

MAIL: National Center for Youth Issues
P.O. Box 22185
Chattanooga, TN 37422-2185

Please make your check or purchase order payable to: **National Center for Youth Issues**.
A W-9 is available on the website.

PAYMENT METHOD

PURCHASE ORDER A COPY OF THE PURCHASE ORDER IS REQUIRED.
(ADDRESSED TO NATIONAL CENTER FOR YOUTH ISSUES, P.O. BOX 22185, CHATTANOOGA, TN 37422-2185)

CHECK ENCLOSED (MADE PAYABLE TO NATIONAL CENTER FOR YOUTH ISSUES)

CREDIT CARD PERSONAL CORPORATE

CARD NO: _____ EXP. DATE CCM: _____

NAME ON CARD (PLEASE PRINT) _____

CREDIT CARD BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____


AUTHORIZED SIGNATURE _____ EMAIL _____

PLEASE NOTE: The attendee will receive a confirmation to the email address provided when their registration is processed (make sure to check Junk/Spam folders). Please allow ample time for processing.

Travel Recap Form

Conroe Independent School District				Travel Recap						
Date: <input type="text" value="9/1/2020"/>		Original Travel PO# <input type="text" value="11223344"/>		Vendor #: <input type="text" value="012345678"/>						
Recap of Travel Expenses should be turned in within 5 days of your return										
Employee: <input type="text" value="Jane Doe"/>		Campus/Department: <input type="text" value="Conroe High School"/>		Destination: <input type="text" value="CEU Conference"/>		City: <input type="text" value="Dallas, TX"/>				
Departure: <input type="text" value="3/2/2020"/> <input type="text" value="6am"/>		Return: <input type="text" value="3/4/2020"/> <input type="text" value="6pm"/>								
(Date & time)		(Include AM/PM)		(Date & time)		(Include AM/PM)				
MEALS: Please recap the actual amount of students/sponsors that attended										
0	=	0	@ \$8.00	= \$	0.00	Total Meal Expense = \$ <input type="text" value="90.00"/>				
Actual # of Students	# Meals	Total Meals	@ \$8.00	= \$	Student Meals (per diem)	Less Meal Advance = \$ <input type="text" value="90.00"/>				
1	9	= 9	@ \$10.00	= \$	90.00	Difference = \$ <input type="text" value="0.00"/>				
Actual # of Adults	# Meals	Total Meals	@ \$10.00	= \$	Sponsor Meals (per diem)					
				= \$	<input type="text"/>					
				Meals to be reimbursed from receipts	= \$					
				Total of attached meal receipts	= \$	Amount Due = \$ <input type="text" value="0.00"/>				
OTHER ASSOCIATED COSTS: Please attach all original receipts										
Transportation:										
Original PO# for Transportation										
287.00	x	0.545			= \$	156.42				
Miles	Rate Per Mile			= \$						
				= \$						
				= \$						
				Airline (baggage fees, etc)	= \$	Amount Due = \$ 156.42				
Lodging: Original hotel receipt must be attached										
Original PO# for Lodging <input type="text" value="88445566"/>										
				Actual amount paid for lodging	= \$	452.00				
				Additional lodging expense	= \$	<input type="text"/>				
				Amount Due = \$	Calculated by finance					
Other Expenses: All original receipts must be attached										
				Parking	= \$	10.00				
Description of Expense				Amount						
Description of Expense				Amount				= \$ 166.42		
Description of Expense				Amount						
Description of Expense				Amount						
				Budget Code	1990XXXXXXXXXXXX	6411	-			
				Budget Code						
				Amount due back to CISD						
				Amount due to employee						
				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			

Tabulation of Monies Disbursed to Students

Tabulation of Monies Disbursed to Students			
 <p>CONROE INDEPENDENT SCHOOL DISTRICT <i>Committed to Excellence</i></p>	<p><i>To be used in the individual school for miscellaneous disbursements</i> <i>This form shall list payees and their payments and be filed with the school</i> <i>treasurer. A check for the total amount shall be issued to the teacher.</i></p>		

Disbursement

Activity involving payment of money _____

Name (signature)	Amount	Name (signature)	Amount

Teacher _____ Total Payment \$ _____

AD Travel

- District policy states that an “Above District Event” is one for which students qualify. All other travel expenditures must be charged to previously budgeted funds. A list of qualified students must be attached
- If you are hoping to qualify for an event, please submit a travel requisition for approval, and note pending qualification on DATE in the “NOTES” section. This alerts the Finance Office that you MAY be traveling for that event. If you have already qualified, submit the forms as you normally would. You will then need to request AD funds from Robbin Lee in the Finance Department

Summary of Training

- Remember, the first step in the travel process is to request permission to travel
- All travel forms should be filled out entirely and have the required signatures
- The forms do not work in Google Chrome therefore they should be completed in Internet Explorer
- Verify that amounts are correct on all travel forms
- Make sure the correct vendor is selected it should match the backup – if you do not see the vendor you are looking for you will need to contact purchasing****DO NOT SELECT THE INCORRECT VENDOR**** this will delay the Purchase Order being processed/paid
- When closing a travel you will also need to close any other Purchase Orders that are associated with the trip, i.e. Enterprise, AFC, or Sierra Stage Coach
- Remember ALL Travel must be received in eFinance

Questions or Comments

