

Original Travel PO#

Employee's Name

Employee Vendor #

FOR TRAVEL DEPARTMENT USE ONLY Date Received: Audited By:								
Date Received:	Addited by.							

Campus/Department		City/Destination of	Event						
Recap Comple	ted By			Re	ecap of travel expen	ses should be turned in with	in 5 days of your return wit	h original receipts.	
DEPARTURE		DATE	TIME (AM/PM)		RETURN	DATE	TIME	TIME (AM/PM)	
	ocan the	actual amount of st	udents/sponsors that a	uttended					
WILKLS. TIEdsel	ecap the		-	ittenueu			•		
Actual # of Students	al # of Students # Meals Total Meals @				= \$ Total Meal Expense =\$				
				Less Meal Advance =\$ = \$ Difference =\$					
Actual # of	# N	leals Total I	@ Meals		= \$ Employee/Spor		ce =\$		
Employee/Sponsor		Meals to b	e reimbursed from reco	eipts <sub>= \$</sub>					
			selected for only Group Meals or Grant funded meals.	Total of attached meal Group Meals or Gran		al Amount Due  = \$			
-		ed receipts must be	e attached						
How was lodging paid?         District Check         Employee         Activity Funds         Travel Card         Other (Please specify in comment								in comment box)	
Original PO# for Lodging				Comments Provide specific details for all overnight trips. (ex. Stayed with family or shared room with employee/vendor #)					
Lodging to	otal from	hotel receipt							
Enter the total of cost not allowed	cost for lodging	minus any	=\$	-					
Amount from District issued check = \$						Lodging Amount Due = \$			
TRANSPORTATIO	ON: Origin	al itemized receipt	s must be attached	-			_		
Original PO# for Transportation Comments									
	x		= \$						
Miles	Rate Per I		<u>,</u>						
Gasoline (	(IUI lease	venicie)	= \$						
-	Parking = \$ Aiding (hears a ta) = \$ Transportation Amount Due = \$								
Airline (ba			= \$			Thansportation			
OTHER EXPENSE	S: Origina	al itemized receipts			Commen	ts			
Description of Expense			= \$	:					
Description of Expense			= \$ Amount	t					
Description of Expense			= \$ Amount	<u>.</u>		Other Expens	se Amount Due  = \$		
Please select:		Money due b	ack to Employee	N	Money due back		No amount due		
Budget Code		Noney due b	ack to Employee	, in the second s					
						ction must match the original vailable. Reimbursement can			
Budget Code TOTAL EXPENSES=								(PENSES=	
		penses were incurred by me ee of Conroe Independent S							
Employee/Sponsor in	charge		Date		Principal/Di	rector/Asst. Supt.		Date	