



**Travel Recap**

FOR TRAVEL DEPARTMENT USE ONLY

Date Received:	Audited By:
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Recap of travel expenses should be turned in within 5 days of your return with original receipts.

Employee's Name	Original Travel PO#
Campus/Department	City/Destination of Event
Recap Completed By	

DEPARTURE	DATE	TIME (AM/PM)		RETURN	DATE	TIME (AM/PM)

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

Actual # of Students	# Meals	=	Total Meals	@	= \$	Student Meals	Total Meal Expense = \$	_____
							Less Meal Advance = \$	_____
Actual # of Employee/Sponsor	# Meals	=	Total Meals	@	= \$	Employee/Sponsor Meals	Difference = \$	_____
Meals to be reimbursed from receipts = \$ _____				To be selected for only Group Meals or Grant funded meals.		Total of attached meal receipts for only Group Meals or Grant funded meals.		Meal Amount Due = \$ _____

**LODGING: Original itemized receipts must be attached**

How was lodging paid?

District Check	Employee	Activity Funds	Travel Card	Other (Please specify in comment box)
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Original PO# for Lodging \_\_\_\_\_

Lodging total from hotel receipt = \$ \_\_\_\_\_  
Enter the total cost for lodging minus any cost not allowed by the District.

Amount from District issued check = \$ \_\_\_\_\_

Comments: Provide specific details for all overnight trips. (ex. Stayed with family or shared room with employee/vendor #)

Lodging Amount Due = \$ \_\_\_\_\_

**TRANSPORTATION: Original itemized receipts must be attached**

Original PO# for Transportation \_\_\_\_\_

Comments \_\_\_\_\_

Miles	X	Rate Per Mile	= \$	_____
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Gasoline (for lease vehicle) = \$ \_\_\_\_\_

Parking = \$ \_\_\_\_\_

Airline (baggage fees, etc) = \$ \_\_\_\_\_

Transportation Amount Due = \$ \_\_\_\_\_

**OTHER EXPENSES: Original itemized receipts must be attached**

Description of Expense	= \$	Amount	Comments
			_____
Description of Expense	= \$	Amount	
Description of Expense	= \$	Amount	

Other Expense Amount Due = \$ \_\_\_\_\_

Please select: **Money due back to Employee**      **Money due back to CISD**      **No amount due**

Budget Code \_\_\_\_\_

Budget Code \_\_\_\_\_

*Budget code function must match the original travel request. Funds must be available. Reimbursement can take up to 30 days.*

**TOTAL EXPENSES=** \_\_\_\_\_

I hereby certify that the above expenses were incurred by me in the performance of my duties as an employee of Conroe Independent School District.

Employee/Sponsor in charge	Date	Principal/Director/Asst. Supt.	Date
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