

# Mathis Independent School District - Pre-travel form

\*Employee: \_\_\_\_\_

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

*\*Note: One Pre-travel form can be completed for multiple staff if event & vendor expenses are the same. Attach list of staff.*



\*Conference/Meeting: \_\_\_\_\_

\*Location: \_\_\_\_\_

Will expenses be reimbursed by an outside agency? Yes \_\_\_ No \_\_\_

\* Workshop Departure Date: \_\_\_\_\_

\*Workshop Departure Time: \_\_\_\_\_ a.m./p.m.

\* Workshop Return Date: \_\_\_\_\_

\* Workshop Return Time: \_\_\_\_\_ a.m./p.m.

Will Substitute be required? Yes \_\_\_ No \_\_\_ Substitute Budget Code: \_\_\_\_\_

*Travel Reconciliation Form must be received in the Business Office within 1 business day*

Fund	Function	Object Code	Sub-Object	Organization	Yr	Intent Code	Amount
							\$

Date (day travel only)	Breakfast	Lunch	Dinner	Total	\$		
	\$7.00	\$12.00	\$17.00	Total	\$36		
Date (overnight travel)	Breakfast	Lunch	Dinner	Total	\$	Costs/Transportation	Amount
	\$12.00	\$20.00	\$23.00	Total	\$55	Mileage/Airline= _____ miles x .58 =	
						Meals	
						Car Rental	
						Lodging** (# Days _____ x Rate _____)	
						Registration	
<b>GROSS TOTAL OF TRAVEL COSTS</b>							

*GRANT FUNDS: Will funding used for this trip include State or Federal Grant Funds?*

**PLEASE CHECK ONE**

**No** - No meal receipts will be required **but ALL** other travel receipts **MUST** be submitted on Travel Reconciliation Form include hotel, parking, registration and other related charges

**Yes** - **NOTE:** The traveler is responsible for ensuring that **ALL RECEIPTS** for meals, hotels, cab, airline and ALL other travel expenses are submitted on the district Travel Reconciliation Form.

<b>PO Payable to District Employee</b>	
Mileage Advancement	_____
Meals (Per Diem)	_____
Parking	_____
Other (list details)	_____
Other (list details)	_____
<b>Payable to the Employee</b>	

Please provide any additional details that may need to be considered related to this travel request:
_____
_____
_____

<b>PO Required for Registration</b>		
<b>REGISTRATION: ***</b>	Workshop #: _____	Amount: \$ _____
<b>Conference/Workshop information and completed registration form must be attached to Travel Request Form</b>		
Purchase Order # _____	Due Date: ____/____/20____	
Payable to: _____	<b>Please check one of the following</b> Mail _____ Pickup _____	
Address _____		

<b>PO REQUIRED TO LIST AMERICAN EXPRESS AS VENDOR, HOWEVER PROVIDE HOTEL DETAIL BELOW</b>		
LODGING: _____	Phone #: _____	
Hotel Name: _____	Advance Check: Yes ___ No ___	
Address: _____	(\$94.00/Day Max.) Amount: \$ _____	
City/St./Zip: _____		
CONFIRMATION NUMBER: _____	*** Maximum \$94.00 per day.	

**Traveling Employees signature is acknowledgement that all funds are expended on school business approved above.**

\_\_\_\_\_/\_\_\_\_\_  
Employee Date

\_\_\_\_\_/\_\_\_\_\_  
Athletic Director (if applicable) Date

\_\_\_\_\_/\_\_\_\_\_  
Principal/Administrator Date

\_\_\_\_\_/\_\_\_\_\_  
Finance Officer Date

\_\_\_\_\_/\_\_\_\_\_  
Superintendent of Schools Date