



MATHIS INDEPENDENT SCHOOL DISTRICT

TRAVEL RECONCILIATION FORM

Employee Name		Purpose of Travel	
Dates of Travel (from/To):	to	Destination (City/State):	

Certification of Meal Per Diem	Check Box	Refund Amount, If any
I certify that I used all of the per diem paid to me for this trip for work-related meal expenses.	<input type="radio"/>	
I certify that I did not use all of the per diem paid to me or this trip for work-related meal expenses. The refund is attached to this settlement form.	<input type="radio"/>	

****NOTE: IF YOU ARE TRAVELING WITH FEDERAL FUNDS YOU MUST SUBMIT RECEIPTS FOR ALL EXPENSES INCLUDING MEALS.**

	Advanced Amount (A)	Amount Expended (B)	Difference (A-B) = ©
Meals			
Lodging			
Mileage (.56)			
Plane/Bus Fare			
Registration Fees			
Other Expense(s) – Must Itemize			
Totals			

***IF TOTAL IN COLUMN C IS POSITIVE, THE AMOUNT NEEDS TO BE REIMBURSED TO THE DISTRICT. IF THE TOTAL IN COLUMN C IS NEGATIVE, THE DISTRICT WILL ISSUE A REIMBURSEMENT FOR THE ADDITIONAL TRAVEL COSTS.**

Purpose of the Trip: _____

Benefits Derived from Trip (If additional space is needed, attach a memo:

I understand that I should return the unused portion of this money in cash, check or money order along with all supporting documents for expenses to the school district's Business Office three (3) days after returning from the activity state above.

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

Employee Signature: _____ **Date:** _____

Administrator/Principal/Supervisor Signature: _____ **Date:** _____

Chief Financial Officer Signature: _____ **Date:** _____