

EMPLOYEE TRAVEL REQUEST/EXPENSE VOUCHER

CLYDE CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

PO# _____

Employee _____ Title _____ Date: _____

School: _____ Destination _____

Departure date: _____ Time of Day: _____ Return Date: _____ Time of Day: _____

Room will be shared with: _____

Purpose of trip:

	Account # To Be Charged	Amount
Hotel		\$
Registration		\$
Payable To:		\$

Expense	Advance	Actual
Total Mileage _____ X .54/mile	No Mileage Advance	\$
Airfare	\$	\$
Hotel	\$	\$
Meals-Per Diem	\$	\$
Registration Fee	\$	\$
Other	\$	\$
	\$	\$
	\$	\$
Total	\$	\$
Amount owed DISTRICT if Advance is Greater than Actual		
Amount owed EMPLOYEE if Actual is Greater than Advance		

1. Actual odometer reading (point to point) or an electronic mapping source (www.mapquest.com or equivalent) must be used to receive mileage reimbursement. See Clyde CISD Travel Guidelines regarding mileage reimbursement.

2. Advance for Hotels, Registration and Airfare cannot be made to the employee, check can only be made to the vendor. Please state above if the room is being shared.

3. A full day of meals is not paid unless the employee is gone from 7AM until 7PM. The distribution shall be as follows:
Breakfast \$10.00
Lunch \$16.00
Dinner \$20.00

4. Advances can only be made if this form is received in the Business Office fourteen (14) days prior to the departure date .

*I understand that receipts for advances (other than meals) must be returned to the Business Office within 30 days from return date.

Signature of Employee Date

Signature of Supervisor Date