

PART I **OUT-OF-DISTRICT TRAVEL** **FORM 101**
ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT **REQUEST FOR TRAVEL/ADVANCE**

SECTION I (TO BE COMPLETED BEFORE TRAVEL)

Employee _____ S.S. Number _____ Campus _____
Budget Code(s) _____ Maximum Amount Approved \$ _____
Purpose of Trip _____
Destination _____ Is Student (Group) Travel Involved? Yes ___ No ___ Number in Group _____
Departure Date/Time _____ / _____ Return Date/Time _____ / _____
Transportation _____ miles @ _____ per mile or _____ Ticket \$ _____
Lodging _____ nights @ _____ per night
Meals _____ day(s) @ \$6.00 Breakfast _____ \$10.00 Lunch _____ \$14.00 Dinner _____
Other Expenses (Explain) _____
ADVANCE NEEDED? Yes ___ No ___ Date Needed _____

TOTAL FOR THIS TRIP \$ _____

APPROVED:

Fund Administrator Date Signature of Employee Date

INSTRUCTIONS FOR COMPLETING FORM 101

This form is to be used for accounting for travel funds.

- Request:** Employee provides estimates of trip expenses. For student travel expenses, include the appropriate account code and the Other expense@ line for explanation or attach documentation for the request.
- Approval:** The fund administrator approves the Request for Travel/Advance by signing the form. Indicate if District expenses are limited to a certain amount by filling out the Maximum Amount Approved space.
- Processing:** Forward the first four copies to the Business Office if you require an advance. If you are only reporting travel completed, remove the white copy and forward the balance. Part 5 is for your information and use when traveling. Part II will be returned with an advance check if an advance is requested.
- Travel Report:** After travel is completed, file the Request for Travel/Advance form (Part II) along with all necessary receipts within five workdays of return. Attach a check made out to ECISD if a refund is due.
- Related Requisitions:** Do not include dollar amounts on this form if separate requisitions have been submitted in support of this trip; for example, advance payment of registration or airfare paid directly to a vendor. Also, receipts should be submitted separately to close out those Purchase Orders.

PART II **OUT-OF-DISTRICT TRAVEL** **FORM 101**
ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT **REQUEST FOR TRAVEL/ADVANCE**

SECTION 8(TO BE COMPLETED BEFORE TRAVEL)

Employee _____ S.S. Number _____ Campus _____

Budget Code(s) _____ Maximum Amount Approved \$ _____

Purpose of Trip _____

Destination _____ Is Student (Group) Travel Involved? Yes _____ No _____ Number in Group _____

Departure Date/Time _____ / _____ Return Date/Time _____ / _____

Transportation _____ miles @ _____ per mile or _____ Ticket \$ _____

Lodging _____ nights @ _____ per night \$ _____

Meals _____ day(s) @ \$6.00 Breakfast _____ \$10.00 Lunch _____ \$14.00 Dinner _____

Other Expenses (Explain) _____

ADVANCE NEEDED? Yes _____ No _____ Date Needed _____

TOTAL FOR THIS TRIP \$ _____

APPROVED:

Fund Administrator Date Signature of Employee Date

SECTION 2 (TO BE COMPLETED AFTER TRAVEL)

ACTUAL EXPENSES

TRAVEL REIMBURSEMENT REPORT

PURCHASE ORDER NUMBER _____

From Odessa to _____

Departure Date/Time _____ / _____ a.m. _____ p.m. Return Date/Time _____ / _____ a.m. _____ p.m.

Actual Personal Expenses:

Transportation _____ miles @ _____ per mile (owner only) \$ _____

Public conveyance _____ Ticket (attach original receipt)..... \$ _____

Lodging (attach itemized original bill)..... \$ _____

Meals [attach original receipts (see page 5 for details)] \$ _____

Other expenses (explain) _____ (attach original receipts) \$ _____

TOTAL TRAVEL EXPENSE CLAIMED \$ _____

Less amount previously advanced (_____)

BALANCE DUE (Please circle one) CLAIMANT E.C.I.S.D. \$ _____

I hereby certify that the above claimed expenses are true and correct.

APPROVED:

Principal or Department Head Date Signature of Claimant Date