

TRAVEL: \_\_\_\_\_ :  
COMPENSATION AND EXPENSES

BBG  
(EXHIBIT-1)

**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) @ ~~\$5.00~~ **\$6.00** Breakfast ~~\$8.00~~ **\$10.00** Lunch ~~\$12.00~~ **\$14.00** Dinner \_\_\_\_\_  
Other Expenses (Explain) \_\_\_\_\_  
ADVANCE NEEDED? Yes \_\_\_\_\_ No \_\_\_\_\_ Date Needed \_\_\_\_\_

TOTAL FOR THIS TRIP ..... \$ \_\_\_\_\_

APPROVED;

Fund Administrator \_\_\_\_\_ Date \_\_\_\_\_ Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

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**INSTRUCTIONS FOR COMPLETING FORM 101**

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

1. Request: Employee provides estimates of trip expenses. For student travel expenses, include the appropriate account code and the ~~Another expense~~ line for explanation or attach documentation for the request.
2. 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.
3. 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.
4. 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.
5. 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.

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**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) @ ~~5.00~~ **\$6.00** Breakfast ~~\$8.00~~ **\$10.00** Lunch ~~\$12.00~~ **\$14.00** Dinner \_\_\_\_\_  
Other Expenses (Explain) \_\_\_\_\_  
ADVANCE NEEDED? Yes \_\_\_\_\_ No \_\_\_\_\_ Date Needed \_\_\_\_\_

TOTAL FOR THIS TRIP ..... \$ \_\_\_\_\_

APPROVED;

\_\_\_\_\_  
Fund Administrator Date Signature of Employee Date

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**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

TRAVEL: \_\_\_\_\_ :  
COMPENSATION AND EXPENSES

BBG  
(EXHIBIT-1)

**PART III**

**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) @ ~~\$5.00~~ **\$6.00** Breakfast ~~\$8.00~~ **\$10.00** Lunch ~~\$12.00~~ **\$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

COPY FOR BUSINESS OFFICE

TRAVEL: \_\_\_\_\_ :  
COMPENSATION AND EXPENSES

BBG  
(EXHIBIT-1)

**PART IV**

**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) @ ~~\$5.00~~ **\$6.00** Breakfast ~~\$8.00~~ **\$10.00** Lunch ~~\$12.00~~ **\$14.00** Dinner \_\_\_\_\_  
Other Expenses (Explain) \_\_\_\_\_  
ADVANCE NEEDED? Yes \_\_\_\_\_ No \_\_\_\_\_ Date Needed \_\_\_\_\_  
TOTAL FOR THIS TRIP ..... \$ \_\_\_\_\_

APPROVED;

\_\_\_\_\_  
Fund Administrator Date

\_\_\_\_\_  
Signature of Employee Date

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**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

COPY FOR PURCHASING DEPARTMENT