

## SEGUIN INDEPDEPENDENT SCHOOL DISTRICT Out-of-District Travel Voucher

Check one:  ADVANCE       REIMBURSEMENT (due within 5 days)       RECONCILIATION (due within 5 days)

Name of Employee (print) \_\_\_\_\_ Employee Vendor# \_\_\_\_\_ School/Department \_\_\_\_\_

Name of Conference/Activity: \_\_\_\_\_

Date(s) of Conference/Activity: \_\_\_\_\_ Location: \_\_\_\_\_

Travel Date(s): Depart Date: \_\_\_\_\_ Time: \_\_\_\_\_ Return Date: \_\_\_\_\_ Time: \_\_\_\_\_

Purpose: \_\_\_\_\_

DESCRIPTION OF EXPENDITURES (Include meals, transportation, hotel, registration, etc.)	Related Expenses	Employee Advance	Actual Expenses Paid by Employee
<b>Meals:</b> Staff meals	XXXXXXXXXXXXXXXXXXXX		
	XXXXXXXXXXXXXXXXXXXX		
Student meals	XXXXXXXXXXXXXXXXXXXX		
_____ x _____ = _____ @ \$8.00 each =	XXXXXXXXXXXXXXXXXXXX		
# of Students      # of Meals      # of Total Meals	XXXXXXXXXXXXXXXXXXXX		
<b>Mileage:</b> _____ miles @ 0.60 per mile =	XXXXXXXXXXXXXXXXXXXX		
Passengers:	XXXXXXXXXXXXXXXXXXXX		
<b>Hotel:</b>	XXXXXXXXXXXXXXXXXXXX		
Shared with:	XXXXXXXXXXXXXXXXXXXX		
<b>Registration:</b>			
Registration RPO/PO #:			
<b>Other Expenses:</b>			
<b>COLUMN TOTALS:</b>	\$	\$	\$
	<b>Less Employee Advance →</b>		
_____ Due District (attach receipt)	XXXXXXXXXXXX	XXXXXXXXXXXX	\$
_____ Due Employee			

ACCOUNT CODE(S): \_\_\_\_\_ EMPLOYEE PO #: \_\_\_\_\_

**ADVANCE REQUEST:** I certify the expenditures claimed are for official District business. I understand that I must submit an accounting of my trip to Business Services, including required receipts, **within five (5) days of the return date noted above.** I also understand that failure to do so may result in any advance I receive being deducted from my payroll check and possible disciplinary action.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**REIMBURSEMENT/RECONCILIATION:** I certify the actual expenses paid by me were for official District business. I understand that I must submit an accounting of my trip to Business Services, including required receipts, **within five (5) days of the return date noted above.**

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Business Services Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_