

Complete all highlighted areas as follows:



Travel Expense Report (Out of District)

Name(s) Jane Pirate, John Pirate

Purpose of Travel ABC Competition, San Antonio, TX TA # 4471

Dates of Travel From 8/15/2015 To 8/20/2015

Instructions: Please include all actual expenses incurred, including those paid in advance by GISD. Items marked with an (*) require a receipt to be submitted with this form. Do not type in grey areas.

Registration, Mileage and/or Travel Cost*

Mileage shall be computed using an electronic mapping source (attach copy). Airline/Rental Car Receipt required.

\$ <u>200.00</u>	Registration Fee		
\$ <u>109.00</u>	for <u>200</u> miles at	\$0.545	
\$ <u>25.00</u>	Misc <u>Membership fee</u>		
			Total \$ <u>334.00</u>

Hotel Accommodations (including parking fees)*

A final itemized receipt received at checkout shall be attached

2 # of Rooms

5 # of Nights

\$ <u>126.00</u>	Cost per Night (including tax)	
\$ <u>150.00</u>	Misc <u>parking</u>	
		Total \$ <u>1410.00</u>

Meals*/Other Costs

Meals are paid on a Per Diem rate for travel funded with local funds. Actual Expenses are reimbursed for travel funded with federal funds. Itemized receipts are required for travel funded with Federal Funds only.

Date	Breakfast	Lunch	Dinner
<u>15-Aug</u>	\$ -	\$ -	\$ <u>18.00</u>
<u>16-Aug</u>	\$ <u>10.00</u>	\$ <u>12.00</u>	\$ <u>18.00</u>
<u>17-Aug</u>	\$ <u>10.00</u>	\$ <u>12.00</u>	\$ <u>18.00</u>
<u>18-Aug</u>	\$ <u>10.00</u>	\$ <u>12.00</u>	\$ <u>18.00</u>
<u>19-Aug</u>	\$ <u>10.00</u>	\$ <u>12.00</u>	\$ <u>18.00</u>
<u>20-Aug</u>	\$ <u>10.00</u>	\$ -	\$ -
Total	\$ <u>50.00</u>	\$ <u>48.00</u>	\$ <u>90.00</u>

\$ <u>90.00</u>	Student Meal Advance	Receipt of Student Travel Advance must be attached
\$ -	Miscellaneous	
\$ -	Miscellaneous	
		Total \$ <u>278.00</u>

- 1- Include all amount paid in advance: Meals, student meals, registration, etc.
- 2- Include all amounts paid on Citibank Travel card: hotel, parking.

Total Travel Expense	\$ <u>2022.00</u>	
Less Advance	\$ <u>503.00</u>	<-1
Less Travel Card	\$ <u>1410.00</u>	<-2
Total Due Employee	\$109.00	
Total Due GISD	\$0.00	

I hereby certify that the above figures are true and correct and are in compliance with GISD Travel Process. I understand that I may be required to validate actual costs. If actual costs are less than the advanced Per Diem, the traveler must reimburse the unspent funds of the district with this settlement form. Actual costs that exceed the GSA rates will not be reimbursed.

Signature of Employee

Date

Business Office Use Only:	
Reconciled by:	Date: