



# SOCORRO INDEPENDENT SCHOOL DISTRICT TRAVEL REQUEST / REIMBURSEMENT FORM

# NOTR

Request Date: \_\_\_\_\_

All information must be filled in and all necessary signatures must be obtained to process this request.

 Traveler: \_\_\_\_\_ Vendor No: \_\_\_\_\_  
 Campus/Department: \_\_\_\_\_ Meeting Date(s) \_\_\_\_\_  
 Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_ Return Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Destination: \_\_\_\_\_  
 Purpose of Trip: \_\_\_\_\_

 District Funds are required. Account(s) charged as follows:

 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
FUND      FUNCTION      LOCATION      INTENT      SUB OBJECT      DEPARTMENT      OBJECT      PROJECT

 \$ \_\_\_\_\_ 


 \_\_\_\_\_  
 \$ \_\_\_\_\_ \* Funds verified by Finance (Initial & Date)

 No District Funds are required.

Trip is being funded by student activity account# \_\_\_\_\_

Detail of Travel Expenses (Check all that apply, list all individual costs)

- Registration Fees
- Transportation
- Lodging
- Employee Meals
- Student Meals
- Car Rentals
- Other Expenses

	Estimated Cost	Actual Cost	Difference
Registration Fees	\$ _____	\$ _____	\$ _____
Transportation	\$ _____	\$ _____	\$ _____
Lodging	\$ _____	\$ _____	\$ _____
Employee Meals	\$ _____	\$ _____	\$ _____
Student Meals	\$ _____	\$ _____	\$ _____
Car Rentals	\$ _____	\$ _____	\$ _____
Other Expenses	\$ _____	\$ _____	\$ _____
<b>Total Cost</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
Minus Advances Received	\$ _____	\$ _____	\$ _____
<b>Reimbursement Due</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

 Comments/Rates  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

 Travelers List/Vendor No.  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_

- Reimbursement due to S.I.S.D.    \$ \_\_\_\_\_
- Reimbursement due to Traveler    \$ \_\_\_\_\_

 Number of Employees \_\_\_\_\_  
 Number of Students \_\_\_\_\_

 CHECKS REQUIRED - Make checks payable as follows:

Vendor No.	Vendor Name	Description	Amount	Special Instructions for Checks Required
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

Requestor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Immediate Supervisor/Director \_\_\_\_\_ Date \_\_\_\_\_

\* Note: I acknowledge that I have read and will adhere to the Travel Policy (DEE Regulation &amp; FMG Regulation).

Assistant Superintendent \_\_\_\_\_ Date \_\_\_\_\_

Superintendent (or Designee) \_\_\_\_\_ Date \_\_\_\_\_

WHITE-Finance Office    BLUE-Adm. Office    YELLOW-Reimbursement    Pink-Campus/Department    GOLDENROD Requestor