

OUT-OF-DISTRICT TRAVEL REQUEST/REIMBURSEMENT STATEMENT

La Joya Independent School District

Payee: _____ Vendor# _____ Date: _____ / _____ / _____
Month Day Year

Address _____

Campus/Department _____

Departure		Points of Travel		Arrival	
Date	Hour	From:	To:	Date	Hour

Purpose: _____

EXPENSE ITEMS:

	ESTIMATE AMOUNT	
Motel/Hotel: (Attach receipts) Roomed with: _____	\$ _____	
Meals: (Attach receipts)	\$ _____	
Personal Car: _____ Mileage @ _____	\$ _____	
Air Fare, if paid by traveler: (Attach receipts)	\$ _____	
Taxi _____ Parking _____ (Attach receipts)	\$ _____	
Car Rental _____ (Supt. Initials _____)	\$ _____	
Other: SPECIFY (Attach receipts)	\$ _____	

Sub-Total \$ _____
Less Advance \$ _____
Net Reimbursement \$ _____

 Assistant Superintendent (If Required)

FUND	FC	OBJ	SUB-OBJ	ORG	YR	PIC	PRJ	DESCRIPTION	DISBURSEMENT AMOUNT

I CERTIFY THAT THIS IS AN ALLOWABLE EXPENDITURE FROM THE FUNDING SOURCE(S) BEING UTILIZED. IF THESE ARE FEDERAL/STATE FUNDS, THIS PURCHASE IS EDUCATIONALLY SUPPLEMENTAL TO THE BASIC PROGRAM. INFORMATION SUPPORTING THIS EXPENDITURE IS CONTAINED IN THE COMPREHENSIVE NEEDS ASSESSMENT AND THE DISTRICT/CAMPUS IMPROVEMENT PLAN.

DIP _____ GOAL _____

Traveler's Signature: _____ Date: _____

Immediate Supervisor: _____ Date: _____

Program Director: (If required) _____ Date: _____

Assistant Superintendent: (If required) _____ Date: _____

Superintendent: _____ Date: _____

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Motel/Hotel: (Attach receipts) Roomed with: _____ Meals: (Attach receipts) Personal Car: _____ Mileage @ _____ Air Fare, if paid by traveler: (Attach receipts) Taxi _____ Parking _____ (Attach receipts) Car Rental _____ (Supt. Initials _____) Other: SPECIFY (Attach receipts)		REIMBURSEMENT AMOUNT \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
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Sub-Total	\$ _____	
Less Advance	\$ _____	\$ _____
Net Reimbursement	\$ _____	

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DIP _____ GOAL _____

Traveler's Signature: _____ Date: _____

Immediate Supervisor: _____ Date: _____

Program Director: (If required) _____ Date: _____

Assistant Superintendent: (If required) _____ Date: _____

Superintendent: _____ Date: _____

I CERTIFY THAT THIS STATEMENT, THE AMOUNTS CLAIMED AND ATTACHMENTS ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT PAYMENT FOR THE AMOUNT CLAIMED WAS TRAVEL TIME SPENT ON OFFICIAL SCHOOL BUSINESS.

Traveler's Signature: _____ Immediate Supervisor's Approval: _____

Executive Director for Finance: _____ Date: _____

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EXPENSE ITEMS:

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Meals: (Attach receipts)	\$ _____	\$ _____
Personal Car: _____ Mileage @ _____	\$ _____	\$ _____
Air Fare, if paid by traveler: (Attach receipts)	\$ _____	\$ _____
Taxi _____ Parking _____ (Attach receipts)	\$ _____	\$ _____
Car Rental _____ (Supt. Initials _____)	\$ _____	\$ _____
Other: SPECIFY (Attach receipts)	\$ _____	\$ _____
Sub-Total \$ _____		
Less Advance \$ _____		
Net Reimbursement \$ _____		

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DIP _____ GOAL _____

Traveler's Signature: _____ Date: _____

Immediate Supervisor: _____ Date: _____

Program Director: (If required) _____ Date: _____

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Executive Director for Finance: _____ Date: _____