

ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT TRAVEL SETTLEMENT FORM

Employee Name: _____ PO#: _____

Dates of Travel - From: _____ @ _____ am/pm
Month/Day/Year

To: _____ @ _____ am/pm
Month/Day/Year

Destination/Purpose: _____

Instructions: Please include all actual expenses incurred, including those for which you received an advance.

Items marked with an (*) require receipts to be submitted with the Travel Settlement Form.

	Travel Reimbursement or			Check Funds Used	
	Check Advance Amount	Check Advance-Amt Used	P-CARD-Amt Used	Local	Federal
MEALS	\$	\$			
*HOTEL	\$	\$	\$		
Luggage/Hotel Tips	\$	\$	\$		
*TAXI FARES	\$	\$	\$		
*PLANE FARES	\$	\$	\$		
Auto Mileage @ IRS Rate	\$	\$			
NOTE: MILEAGE FOR TRAVEL WITHIN ECTOR COUNTY WILL NOT BE REIMBURSED ON THIS FORM					
*PARKING TOLLS	\$	\$	\$		
*Other-explain below	\$	\$	\$		
TOTAL	\$	\$	\$		
Less Advance		\$			
Due back to ECISD		\$			
Due to Employee		\$			

Total Cost of Trip: \$ _____

Traveler's Signature: _____ Date: _____

I verify that all the above information is true & correct.

I understand that providing false information will be grounds for dismissal

Local Budget Code _____ \$

Federal Budget Code _____ \$

Supervisors' Signature: _____ Date: _____

Purchasing Approval _____ Date _____ Accting Approval _____ Date _____

Federal & State Approval (if required) _____ Date _____