

PHARR-SAN JUAN-ALAMO I.S.D.
TRAVEL ADVANCE/REIMBURSEMENT FORM
ALL OTHERS

Requests for out-of-town travel advances must be submitted to the Office of Instruction at least 14 days prior to the first travel day. Requests for post-trip reimbursements should include a copy of original travel advance with actual expenses listed and receipts substantiating expenses attached. Please attach conference literature as backup. One copy of this form must be attached to each requisition for travel.

Only mileage and meal per diem of \$36 can be advanced. Meal requirements are as follows (exclude meals provided by organization that are included in registration fees):

Breakfast: Leaving by 6:00 a.m. or returning after 10:00 a.m. - \$8.00
 Lunch: Leaving by 10:00 a.m. or returning after 2:00 p.m. - \$12.00
 Dinner: Leaving by 2:00 p.m. or returning after 8:00 p.m. - \$16.00

 Name of Traveler and Employee ID Number (Required) Title Campus/Department

 Conference Title Conference Dates Location

 Budget Account Number Hotel

 Additional persons attending the same conference

 Departure Date Departure Time Arrival Date Arrival Time

SCHEDULE OF EXPENSES	REQUISITION #	TOTAL ESTIMATE FOR TRIP	ADVANCE	(REIMBURSEMENT)	
				ACTUAL	DIFFERENCE
Registration Fee (paid to organization)	_____	\$ _____	\$ _____		
Car Allowance					
# of miles _____ @ _____ per mile	_____	\$ _____	\$ _____		
Air Travel (paid to travel agency or reimbursed when receipt is presented after travel)	_____	\$ _____	\$ _____		
Lodging # of nights _____ @ _____	_____	\$ _____	\$ _____	\$ _____	\$ _____
(Reimbursement up to approved GSA room rate with receipt. Request Government, Education or Convention Rate.)					
Meals (Maximum \$36 per day)					
Breakfast # _____ @ \$ 8.00	_____	\$ _____	\$ _____	\$ _____	\$ _____
Lunch # _____ @ \$ 12.00	_____	\$ _____	\$ _____	\$ _____	\$ _____
Dinner # _____ @ \$ 16.00	_____	\$ _____	\$ _____	\$ _____	\$ _____
Other: (Please list, receipt required)	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL ALL EXPENSES		\$ _____	\$ _____	\$ _____	\$ _____

AUTHORIZATION SIGNATURES:

 Signature of Traveler Date Principal/Immediate Supervisor Date

 Superintendent's Cabinet/Senior Staff Date