GALVESTON INDEPENDENT SCHOOL DISTRICT

AUTHORIZATION FOR TRAVEL

OUT OF STATE

Type of Request (Select ONE):

☐ Request for Travel- Pre Travel Approval

☐ Final Report- Request for Reimbursement Post Travel

APPROVED PURCHASE ORDERS ARE REQUIRED PRIOR TO ANY DISBURSEMENTS

PART I (REQUIRED PRIOR TO ANY TRAVEL)

Name of Applicant: Campus or Department:			Position: Date Submitted:		
Account Code:	<u> </u>	: :-:::			
Destination:		Reason/Purpose:			
Departure Date:		Return Date:			
Applicant	Date				
Direct Supervisor Approval	Date		Superintendent (Out of State Travel Approval) Dat	e	

PART II - EXPENSE REPORT

Please use the <u>Google Maps</u> link for calculating total mileage to be reimbursed. A Google Map print out must be submitted with this form. Use this link for determining out-of-state meal per diem rates: <u>GSA Per Diem Look Up</u>

*Travel days are reimbursed at a flat 75% of one full day's meal allowance: Breakfast + Lunch + Dinner X .75 = Travel Day allowance for the whole day

EXPENSE SUMMARY		SUBMIT AFTER RETURN FROM TRAVELING		
Meals:	ESTIMATED EXPENSE	Actual Expenses of Employee	Actual Expenses of District	
Travel Days* @ \$=	\$	\$	\$	
Breakfast: X \$ =	\$	\$	\$	
Lunch: X \$ =	\$	\$	\$	
Dinner: X \$ =	\$	\$	\$	
MEALS TOTAL:	\$	\$	\$	
Mileage: miles X \$0.655 =	\$	\$	\$	
Hotel	\$	\$	\$	
Registration (PO# if applicable)	\$	\$	\$	
Parking	\$	\$	\$	
Other:	\$	\$	\$	
Other:	\$	\$	\$	
TOTAL	\$	\$	\$	

NOTES:

- 1. Except for grant funds, meal per diem will be reimbursed at the above rates upon return. Receipts are not required if the meal per diem is met or exceeded.
- 2. GRANT funds require original, ITEMIZED receipts that are due for reimbursement to the department processing the travel within 5 days of returning. Please allow 10 business days from date of accepted submission for receipt of reimbursements.

TO BE SIGNED UPON RETURN WHEN COMPLETING FINAL TRAVEL REPORT: By signing below, I certify that the amount expended on meals per day, met or exceeded the maximum per diem rates. I certify that the above expenses were used for the intent stated and are true and correct.

Employee Signature (to be signed upon return)	Date