

GALVESTON INDEPENDENT SCHOOL DISTRICT

**AUTHORIZATION FOR TRAVEL**

Type of Request (Select ONE):

ADVANCE                     
  REIMBURSEMENT                     
  ADVANCE BASED ON ESTIMATE

**\*\*APPROVED PURCHASE ORDERS ARE REQUIRED PRIOR TO ANY DISBURSEMENTS\*\***

**PART I (REQUIRED PRIOR TO ANY TRAVEL)**

Name of Applicant _____		Position _____	
Campus or Department: _____		Date Submitted _____	
Account Code: <span style="border: 1px solid black; padding: 2px;">. . . . .</span>			
Destination _____		Reason/Purpose _____	
Departure Date: _____	Time _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Return Date: _____	Time _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	
_____ <i>Applicant</i>	_____ <i>Date</i>	_____ <i>Supervisor</i>	_____ <i>Date</i>
_____ <i>Travel Exception Approval</i> <i>(Supt, Asst Supt, Chief HR or CFO ONLY)</i>		_____ <i>Superintendent</i> <i>(Direct Supervisor or Out of State)</i>	_____ <i>Date</i>

**PART II – EXPENSE REPORT**

<b>EXPENSE SUMMARY</b>	<b>**PER DIEM LINK: <a href="#">Comptroller Mileage Rate</a></b> <b>*MILEAGE LINK: <a href="#">Google Maps</a></b>			SUBMIT <b>AFTER</b> RETURN FROM TRAVELING
	Local Fund Expenses	Grant Fund Expenses	Purchase Order Number	<u>Actual Expense</u> (receipts required)
Meals*- PER DIEM _____ X \$50.00	\$ _____	\$ _____		\$ _____
Meals*- TRAVEL _____ X \$37.50	\$ _____	\$ _____		\$ _____
DAY				
*Mileage _____ X \$.58	\$ _____	\$ _____		\$ _____
**Hotel (exclude State Tax)	\$ _____	\$ _____		\$ _____
Registration	\$ _____	\$ _____		\$ _____
Parking	\$ _____	\$ _____		\$ _____
Other: _____	\$ _____	\$ _____		\$ _____
Other: _____	\$ _____	\$ _____		\$ _____
<b>TOTAL:</b>	\$ _____	\$ _____		\$ _____

<b>Total Receipts:</b> _____ <b>Total Advance:</b> _____ <b>Settle Up (If negative, enclose check or cash):</b> <span style="border: 1px solid black; padding: 2px;"> </span>
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GRANT funds require original, ITEMIZED meal receipts and are due along with any other receipts for reimbursement within 5 days after travel to Grant Department funding travel. Please allow 10 business days from date of submission for receipt of reimbursements.

By signing below, I certify that the actual amount expended on per diem meals per day, if applicable, either met or exceeded the maximum per diem. I certify that the above expenses were used for the intent stated and are true and correct.