

Port Neches-Groves Independent School District Travel Advance and Expense Report

Name _____	Today's Date _____
Campus _____	
Name of Workshop: _____	Workshop Location _____
Departure Date _____ Time: _____	Return Date: _____ Time _____

This form must be received in the business office seven (7) working days prior to departure or all expenses will be paid on a reimbursement basis.

Estimated Expenditures

No. of Employees/Sponsors _____	
Breakfast _____ @ \$12.00 each	\$ _____
Lunch _____ @ \$14.00 each	\$ _____
Dinner _____ @ \$20.00 each	\$ _____
No. of Students Traveling _____	
No. of Student Meals _____ @ \$8 each	\$ _____
Gas/Parking _____	\$ _____
Hotel _____ Nights @ \$ _____ each	\$ _____
Number of Rooms _____	
Hotel Name _____	
Hotel Address _____	
<input type="checkbox"/> Check to Employee	
Total Advanced to Employee _____	\$ _____
Registration/Entry Fees \$ _____	Due by _____
To: _____ (Attach a copy of registration information)	
<input type="checkbox"/> Send to Employee <input type="checkbox"/> Send to Vendor	
Account(s):	
	Amount
	Amount
Employee's signature _____	Date _____
Supervisor's Approval _____	Date _____
Business Manager Approval _____	Date _____

Actual Expenditures

Departure Date _____	Return Date _____
Departure Time _____	Return Time _____
Meals (Adults) _____	\$ _____
Meals (Students) (Attach Receipts) _____	\$ _____
Actual No. of Students _____	
Hotel: _____ Nights (Attach Receipts)	\$ _____
Actual Miles _____ @ .58	\$ _____
Other Expenses (List and Attach Receipts)	
Gas/Parking (receipts required) _____	\$ _____
Registration/Entry Fees (Attach Receipts) _____	\$ _____
TOTAL EXPENSES _____	\$ _____
Less Advanced Payments _____	\$ _____
Refunded to Employee _____	\$ _____
Check # _____	
Refunded to District _____	\$ _____
Receipt # _____	
SETTLEMENT COPY MUST BE IN THE BUSINESS OFFICE 15 WORKING DAYS AFTER THE TRIP	
Employee certifies that all expenditures are work-related and that they are allowed by PN-GISD Board and Administrative Policies.	
Employee's Signature _____	Date _____
Principal's/Supervisor's Signature _____	Date _____
Business Manager Approval _____	Date _____