

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

Name _____		Campus _____		Today's Date _____	
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	0	@ \$12.00 each	\$0.00
Lunch	0	@ \$14.00 each	\$0.00
Dinner	0	@ \$20.00 each	\$0.00
No. of Students Traveling <u>0</u>			
No. of Student Meals	0	@ \$7 each	\$0.00
Gas/Parking	0		
Hotel	0	Nights @ \$0.00 each	\$0.00
Number of Rooms _____			
Hotel Name _____			
Hotel Address _____			
<input type="checkbox"/> Check to Employee			
Total Advanced to Employee		\$0.00	
Registration/Entry Fees		\$0.00	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 _____	@ .535
Other Expenses (List and Attach Receipts)	
Gas/Parking (receipts required)	\$ _____
Registration/Entry Fees (Attach Receipts)	\$ _____
<b>TOTAL EXPENSES</b>	
Less Advanced Payments _____	
Refunded to Employee _____	
Check # _____	
Refunded to District _____	
Receipt # _____	
<b>SETTLEMENT COPY MUST BE IN THE BUSINESS OFFICE 15 WORKING DAYS AFTER THE TRIP</b>	
<b>Employee certifies that all expenditures are work-related and that they are allowed by PN-GISD Board and Administrative Policies.</b>	
Employee's Signature _____	Date _____
Principal's/Supervisor's Signature _____	Date _____
Business Manager Approval _____	Date _____