



Vendor # _____ Date Paid _____

Name _____

Date _____ Job Title _____

Signature _____

Pre & Post Travel Form

Account to be Charged	Fund Location Program Function Expenditure Code Proj. Rpt.												Business Office Use Only					
																		\$ _____
																		\$ _____
																		\$ _____

(SEE BACK FOR INSTRUCTIONS)

**Part A
Pre-Travel**

ITEMS 1-6 MUST BE COMPLETED. The Business Office will provide PO numbers (447-8565). POs are used if you want the District to pay Items 2-4. Please attach POs to this form.

- Conference or meeting _____
 Location of conference/meeting _____
 Departure: Date _____ Time _____ AM / PM
 Return: Date _____ Time _____ AM / PM
- Travel (check one):
 Airline Travel _____ PO # _____
 OR Vehicle Travel (⁵⁸⁵~~\$0.50~~ per mile) Miles _____ \$ _____
- Lodging: PO # _____ \$ _____
 OR _____ Nights (Instate: \$36.20 per night – Out-of-state: \$50.00 per night) \$ _____
- Registration Fee: PO # _____ \$ _____
- Meals: In-state: _____ Breakfast (\$7.50) Out-of-state: _____ Breakfast (\$8.50)
 _____ Lunch (\$8.50) _____ Lunch (\$9.50)
 _____ Dinner (\$14.50) _____ Dinner (\$16.00) \$ _____
- Local Transportation: (Taxi, bus, etc.) \$ _____
- Total Anticipated Expenses: \$ _____
- AMOUNT APPROVED:** (Advances given at 75%) *Remember to save receipts.* \$ _____

**Part B
Post-Travel**

Business Office Use Only



If this box is marked, complete information below after your trip and return gold copy to the Business Office.

Actual Travel Costs	Payment to You
1. Meals (Receipts not required from line 5 above):	\$ _____
2. Travel (From line 2 above. Attach boarding pass):	\$ _____
3. Lodging (Attach receipts):	\$ _____
4. Registration (Attach receipts):	\$ _____
5. Other Local Transportation, etc. (Attach receipts):	\$ _____
TOTAL	\$ _____
Less Travel Allowance (Line 8 above):	\$ _____
PAYMENT DUE EMPLOYEE (OR REFUND TO DISTRICT):	\$ _____

Employee's Signature _____ Date _____ Supervisor's Signature _____ Date _____