



# Pre & Post Travel Form

NAME: \_\_\_\_\_ JOB SITE: \_\_\_\_\_

DATE: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

FUND	LOCATION	PROGRAM	FUNCTION	OBJECT	PROJECT
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

BUSINESS OFFICE USE ONLY	
\$	_____
\$	_____
\$	_____

**PART A- PRE-TRAVEL**

- Conference or meeting: \_\_\_\_\_  
 Location of conference/meeting \_\_\_\_\_  
 Departure: Date \_\_\_\_\_ Time \_\_\_\_\_ AM/PM  
 Return: Date \_\_\_\_\_ Time \_\_\_\_\_ AM/PM
- Travel:  
 Or Vehicle Travel (67 per mile) Miles \_\_\_\_\_ \$ \_\_\_\_\_  
 Airline Travel PCard Used Y or N PO# \_\_\_\_\_
- Lodging: Nights \_\_\_\_\_  
 PCard Used Y or N PO# \_\_\_\_\_ \$ \_\_\_\_\_
- Registration Fee: PCard Used Y or N PO# \_\_\_\_\_ \$ \_\_\_\_\_
- Meals: In-state: \_\_\_\_ Breakfast (\$7.50) Out-of-state: \_\_\_\_ Breakfast (\$13.00) \$ \_\_\_\_\_  
 \_\_\_\_ Lunch (\$8.50) \_\_\_\_ Lunch (\$15.00)  
 \_\_\_\_ Dinner (\$14.50) \_\_\_\_ Dinner (\$26.00)
- Local Transportation and/or other expenses \$ \_\_\_\_\_
- TOTAL ANTICIPATED EXPENSES:** \$ \_\_\_\_\_
- AMOUNT APPROVED: (ADVANCES GIVEN AT 75%) REMEMBER TO SAVE RECEIPTS** \$ \_\_\_\_\_

**PART B – POST TRAVEL**

- ACTUAL TRAVEL COSTS**
- Travel (from line 2) \$ \_\_\_\_\_
  - Lodging (from line 3) receipt needed \$ \_\_\_\_\_
  - Registration (from line 4) receipt needed \$ \_\_\_\_\_
  - Meals (from line 5) **NO receipts needed** \$ \_\_\_\_\_
  - Local Transportation and/or other expenses (from line 6) receipt needed \$ \_\_\_\_\_
- TOTAL** \$ \_\_\_\_\_  
**Less travel allowance(line 8)** \$ \_\_\_\_\_  
**PAYMENT DUE EMPLOYEE (OR REFUND TO DISTRICT)** \$ \_\_\_\_\_

\_\_\_\_\_  
 EMPLOYEE'S SIGNATURE                                      DATE                                      SUPERVISOR'S SIGNATURE                                      DATE