

# BEEVILLE INDEPENDENT SCHOOL DISTRICT

## EMPLOYEE TRAVEL APPROVAL FORM

This form is to be used to request approval for travel on official school business. Employees must receive approval for travel expenses PRIOR to incurring any cost. An estimate of the total cost should be made and submitted to the finance department **15** days before the registration deadline. Upon completion of the trip the employee must submit all required receipts within **10** days and sign the post trip section of this form.

### A. Traveler & Trip Information

Employee Name:			
Campus/Dept.		# Employees Attending:	
Purpose of Travel:		Destination (City):	
Travel Dates/Times	Leave Date:	Time:	
<i>(time <u>must</u> be included)</i>	Return Date:	Time:	

### B. Estimated Cost *(see Travel Guidelines for limits and attach all support)*

Registration (vendor):		\$	
<i>Employee will be responsible for late registration &amp; cancellation fees.</i>			
Lodging (hotel):		\$	
<i>Employee is responsible for reserving the room and checking hotel policy for deposits and cancellations</i>			
Parking:		Per Diem:	
		<i>(overnight only - attach GSA rates &amp; meal calculation)</i>	
Other:		Explanation for Other:	
<b>TOTAL EST. COST:</b>		Mileage:	
		<i>(see guidelines regarding mileage &amp; attach MapQuest info)</i>	
<b>BUDGET CODE:</b>			

### C. Pre-Travel Approval Signatures

**I certify that I have read and accept responsibility for compliance with the Beeville ISD Travel Guidelines.**

Employee:		Date:	
Principal/Director:		Date:	
Finance Director:		Date:	
Superintendent:		Date:	
<i>(for out of state travel)</i>			

### D. Post Travel *(to be filled out by employee and submitted to Finance office within 10 days of returning with hotel receipt)*

**I certify that the actual costs listed below are true and correct. I understand that I may be required to validate the actual costs with detailed receipts. If actual costs are less than the advanced per diem, the traveler must reimburse the unspent funds to the district with this settlement form. Actual costs that exceed the GSA rates will not be reimbursed.**

Advanced Meal Per Diem	\$	
Less Actual Cost of Work-Related Meals (do not include tips)	\$	
Refund to District or Amount Due to Employee (not to exceed GSA amounts)	\$	
Employee Signature:		Date:

**\*\*\*BUSINESS OFFICE ONLY\*\*\* SETTLE-UP PAYMENTS DUE TO BISD OR TRAVELER:**

Due to BISD	Date Rcvd	Due to Traveler	Date PD
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