

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT**

**Travel Advance Request**

Include all supporting documentation with this request for payment and submit to the Business Office two weeks prior to traveling.

Employee: \_\_\_\_\_ ID#: \_\_\_\_\_ Campus: \_\_\_\_\_ Request Date: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_  
(Show name of conference, workshop, etc)

Destination: \_\_\_\_\_  
(Location of the above)

Travel Dates	Attendance Date	Planned Travel Time
From: _____ Mo. Day Yr.	_____ Mo. Day Yr.	Departure: _____ a.m. _____ p.m.
To: _____ Mo. Day Yr.	_____ Mo. Day Yr.	Return: _____ a.m. _____ p.m.

**1. Estimated Transportation Expenses**

Auto (Attach Mileage Log or Map) \_\_\_\_\_ at \$ 0.58 per mile \$ \_\_\_\_\_  
Miles

Commercial Air or Bus (Receipts are required after trip) \$ \_\_\_\_\_

2. Emergency Funds (Only with Student Travel) \$ \_\_\_\_\_

3. Other Expenses (Receipts are required after trip) Taxi, Parking, etc. \$ \_\_\_\_\_

**4. Estimated Meals**

To be eligible for: Breakfast You must leave before 7:00AM or Return after 10:00AM - Lunch You must leave before 11:00AM or Return after 2:00PM - Dinner You must leave before 4:00PM or Return after 7:00PM - Out of State Trips will use GSA rate (First and last day of travel at 75%)

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
Breakfast(s) at \$7.20	_____	_____	_____	_____	_____	_____
Lunch(es) at \$14.40	_____	_____	_____	_____	_____	_____
Dinner(s) at \$14.40	_____	_____	_____	_____	_____	_____
TOTAL:	_____	_____	_____	_____	_____	_____

Total of Meals \$ \_\_\_\_\_

Total of Reimbursable Expenses \$ \_\_\_\_\_

Total Advance Allowed at 80% or 100% with Student Travel \$ \_\_\_\_\_

I certify that this claim is made in accordance with District's policies and Administrative Procedures. If Receipts are not turned in within 30 days from date of return, full amount advanced shall be considered an advance of salary and deducted from my paycheck.

Traveler's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_