



LAREDO INDEPENDENT SCHOOL DISTRICT TRAVEL RECONCILIATION FORM

NAME: _____ Employee ID# _____ TITLE: _____

ORIGINAL PAYMENT MADE TO: _____ CHECK NUMBER: _____

Destination: _____ (ACTUAL) Departure Date & Time: _____ Return Date & Time: _____

Travel expense charged to:

Fund _____	Func. _____	Obj. _____	Sub-Obj. _____	Org. _____	Prog. _____	AMT. _____
Fund _____	Func. _____	Obj. _____	Sub-Obj. _____	Org. _____	Prog. _____	AMT. _____

	A AMOUNT RECEIVED (ADVANCE)	B AMOUNT EXPENDED (ACTUAL)	C (A-B) DIFFERENCE	RECEIPT(S) REQUIRED YES
MEALS:	_____	_____	_____	_____
LODGING:	_____	_____	_____	_____
MILEAGE:	_____	_____	_____	_____
PLANE FARE:	_____	_____	_____	_____
BUS FARE:	_____	_____	_____	_____
REGISTRATION FEES:	_____	_____	_____	_____
OTHER EXPENSES: (Please Itemize)	_____	_____	_____	_____
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
TOTAL	_____	_____	* _____	_____

***IF TOTAL IN COLUMN C IS POSITIVE, THE AMOUNT NEEDS TO BE REIMBURSED TO THE DISTRICT. IF TOTAL IN COLUMN C IS NEGATIVE, A T-4 PAYMENT REQUEST FORM NEEDS TO BE SUBMITTED FOR REIMBURSEMENT WITH PROPER DOCUMENTATION.**

PURPOSE OF TRIP: _____

BENEFITS DERIVED FROM TRIP (If additional space needed, attach memo): _____

I understand that I should return the unused portion of this money in cash, check, or money order along with all supporting documents for expenses to the school district's Accounting clerk five (5) working days after returning from the activity stated above.

_____		_____		_____	
Claimant Signature		(Date)		Immediate Supervisor	(Date)

_____		_____		_____	
Executive Director		(Date)		Accounts Payable Clerk	(Date)