Travel Expense Reimbursement Request

Employee Name: Department: Expenses From (date Expenses To (date Purchase Order #*):	Instructions Please complete form for all TRAVEL relations and turn form and detail receipts into your supervisor for submission to the business All expenses must have a DETAILED receipts in the property of the property o	our Principal/ Go s office.	dley Independent School District 313 N Pearson Godley, TX 76044 Phone: 817-389-2536 Fax: 817-389-2543 www.godleyisd.net
Expense Date	Expense Description	Account Code	Expense Amount	Comments:
Signature:	Date:	Total Expenses Total Advance Total Reimbursement		
	Chief Financial			

*** Please note that all requests for reimbursement must have had an approved purchase order before travel expenses are incurred in order for reimbursement to be made. NO EXCEPTIONS.

Officer

Authorized By:

Internal Use Only

Amount Paid	Check No.	Date