

SEMINOLE INDEPENDENT SCHOOL DISTRICT TRAVEL AUTHORIZATION/SETTLEMENT FORM

Revised: December 3, 2018

Traveler:				PO #	
Dates of Travel:	From:		To:	County # of Destination:	
Destination/Purpose:				Mileage per Google Maps (Round Trip):	

Instructions: Please include all actual expenses incurred, including those for which you received an advance or used credit card. Items marked with an (*) require a receipt to be submitted with the Travel Settlement Form.

DATE (/ /)	/ /	/ /	/ /	/ /	/ /	/ /	TOTAL
* Breakfast (Standard = \$10)							\$ -
* Lunch (Standard = \$15)							\$ -
* Dinner (Standard = \$26)							\$ -
Total Meal(s) per Day	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Meal Per Diem by Location	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Meal Expenditure Allowed	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Hotel Per Diem by Location	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
* Hotel							\$ -
* Registration							\$ -
* Car Rental							\$ -
* Taxi/Bus Fares							\$ -
* Plane/Train Fares							\$ -
Auto Mileage @ \$0.545/mi	\$ -						\$ -
* Parking Tolls							\$ -
* Other (Explain below)	(Any amounts included below will have to be reviewed, approved, and adjusted by the Business Office.)						

	Total	\$ -
	Less Advance/Credit Card	
	Due SISD	\$ -
	Due Traveler	\$ -

Traveler's Signature: _____ Date: _____
 I certify that all the above information is true and correct, and all the above expenditures were incurred by me in the performance of my official duties in accordance with policies of the Seminole Independent School District.

Budget Code		Amount	
Budget Code		Amount	

SUPERVISORS' APPROVAL _____ DATE _____

BUSINESS OFFICE APPROVAL _____ DATE _____

****All school credit card receipts must be turned in within 10 working days. Please submit itemized receipt in addition to the credit card receipt. If requesting reimbursement of travel and/or other expenditures, the reimbursement request and receipts must be submitted within 30 days of date of trip or purchase date to receive reimbursement.****