

Clear Creek Independent School District Travel Request and Reimbursement Voucher

This form is to be used to request any travel and/or reimbursement of funds. Detailed instructions for submission are in the Travel Guidelines Manual and your campus administrative office.

Name _____ Vendor # _____ ID Number _____

Campus/Department _____ Grade Level _____

Request to Attend _____ Request Date _____

Destination (City/State) _____ Depart Date _____ Time _____ a.m. / p.m.

Purpose of Trip _____ Return Date _____ Time _____ a.m. / p.m.

<p style="text-align: center;">Substitutes</p> <p>I request an OSB Substitute for _____ day(s)</p> <p>OSB Substitute <input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>If paid by a code other than the campus substitute budget, please list the code at the bottom of this form.</p>	<p style="text-align: center;">Date Stamps or Notes</p>
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Prepayment of Registration/Entry Fees
(Official Form Required / No Dues Paid)

Payee _____ Vendor # _____

Address _____ Invoice# _____

City, State, Zip _____

Prepaid Amt \$ _____ Mail check from ESC Return check to the Campus Hold check for Pick-up (After 2:00 on Friday)

	Estimate	Prepaid/Direct	Actual Cost	Business Office Use
Registration Fee Receipts/Brochure/No Dues Paid	\$	\$	\$	\$
Airfare Receipt Required	\$	\$	\$	\$
Lodging - Hotel Rooms shall not exceed \$150 plus taxes. <small>Detailed Hotel Receipt Required (room charge, tax, payment) Do not include: State Occupancy Tax, personal telephone calls, Minibar, meals, etc.</small>	\$	\$	\$	\$
Meals (\$8 Breakfast, \$12 Lunch, \$16 Dinner) Maximum Per Diem Amt _____	\$	\$	\$	\$
Private Vehicle Mileage \$0.550 x number of miles traveled _____	\$	\$	\$	\$
Parking, Taxi, Bus / Rental Car Receipts Required	\$	\$	\$	\$
Other Approved Expenses Receipts Required	\$	\$	\$	\$
Balance Due	\$	\$	\$	\$

Mail check from ESC Return check to Campus Hold check for Pick-up (After 2:00 on Friday)

Authorization for Travel Signatures

Employee _____

Principal _____

Budget Manager(s) _____

Asst Superintendent _____

Superintendent (if required) _____

Budget Code _____ - _____ - _____ - _____ \$ _____

Budget Code _____ - _____ - _____ - _____ \$ _____

Budget Code _____ - _____ - _____ - _____ \$ _____

Authorization for Reimbursement Signatures

Budget Manager(s) _____

Other _____

Business Office Approval _____

Total Reimbursement not to exceed \$ _____