

## 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;"><b>Substitutes</b></p> <p>I request an OSB Substitute for _____ day(s)</p> <p>OSB Substitute    <input type="checkbox"/> Approved    <input type="checkbox"/> Denied</p> <p><b>If paid by a code other than the campus substitute budget, please list the code at the bottom of this form.</b></p>	<p style="text-align: center;"><b>Date Stamps or Notes</b></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
<b>Registration Fee</b> Receipts/Brochure/No Dues Paid	\$	\$	\$	\$
<b>Airfare</b> 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>	\$	\$	\$	\$
<b>Meals</b> (\$8 Breakfast, \$12 Lunch, \$16 Dinner) Maximum Per Diem Amt _____	\$	\$	\$	\$
<b>Private Vehicle Mileage</b> \$0.550 x number of miles traveled _____	\$	\$	\$	\$
<b>Parking, Taxi, Bus / Rental Car</b> Receipts Required	\$	\$	\$	\$
<b>Other Approved Expenses</b> Receipts Required	\$	\$	\$	\$
<b>Balance Due</b>	\$	\$	\$	\$

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 \$ \_\_\_\_\_