



STUDENT TRAVEL AUTHORIZATION AND EXPENSE REPORT - TRAVEL ADVANCE REQUEST

Note: This request and the supporting document(s) must be submitted to the Finance Office at least 15 days prior to the departure date.

Purchase Order: _____ Date Requested: _____
Sponsor: _____ Vendor#: _____ School: _____
Event: _____ Destination (City): _____
Departure Date: _____ Return Date: _____

Number taking trip: _____ Sponsors _____ Students _____ Bus Driver (if applicable) _____
Budget Unit: _____ Account: _____
Fund Function Org Program Project Object Sub-Object

TRIP ADVANCE FOR:

Table with 5 columns: Item, # ATTENDING, # OF DAYS, AMOUNT PER DAY, TOTAL. Rows include STUDENT MEALS, STUDENT ROOMS, SPONSOR MEALS, SPONSOR ROOM(S), BUS DRIVER ROOM, and MEAL AND ROOM TOTAL.

Sponsor Signature: _____ Date: __/__/__
Supervisor Signature: _____ Date: __/__/__
Budget Manager: _____ Date: __/__/__
Academic and Support Signature: _____ Date: __/__/__

OTHER ASSOCIATED TRAVEL COSTS:

Table with 4 columns: Item, QUANTITY, AMOUNT, TOTAL. Rows include CAR RENTAL, CAR RENTAL GAS, TAXI SHUTTLE, LUGGAGE, OTHER, OTHER, and OTHER ASSOCIATED TRAVEL COST TOTAL.

Meal and Room Total: \$ _____
Other Associated Travel Cost: \$ _____
Travel Advance Grand Total: \$ _____

FOR FINANCE OFFICE USE ONLY
Check Number: _____
Date: _____

FINAL EXPENSE REPORT

(DUE 10 DAYS AFTER RETURN DATE)

Table with 3 columns: Item, ACTUAL AMOUNT SPENT, ALLOWABLE AMOUNT. Rows include STUDENT MEALS, STUDENT ROOMS, SPONSOR MEALS, SPONSOR ROOM(S), BUS DRIVER ROOM, CAR RENTAL, CAR RENTAL GAS, TAXI SHUTTLE, LUGGAGE, OTHER, and GRAND TOTAL.

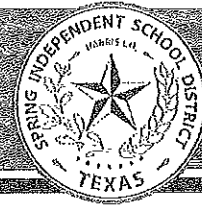
Sponsor Signature: _____ Date: __/__/__
Supervisor Signature: _____ Date: __/__/__
Budget Manager: _____ Date: __/__/__
Academic and Support Signature: _____ Date: __/__/__

Final Expense Amount: \$ _____
Advance Amount: \$ _____
Due to Employee: \$ _____
Due to SISD: \$ _____
Check Number/ Cash: \$ _____
Date: \$ _____

* Attach Meal Disbursement Form
* Itemized meal receipt for Employee Sponsor
* Include itemized receipts for the following lodging, car rental, gas, taxi/shuttle, luggage, and other associated cost.

Spring Independent School District
Financial Services Division

16747 Bella Blvd. • Houston, Texas 77090 • Tel. 281-891-6076



Student Travel Cash Disbursement Form

This form should be used if cash is given to students and/or sponsors for meals.

STUDENTS MUST SIGN THIS FORM IN THEIR OWN HANDWRITING.

Date of Disbursement: _____

Purpose of Disbursement: _____

Travel Conference/Location: _____

Travel Dates: _____

Student Signature	Amount Rec'd	Student Signature	Amount Rec'd
1.		16.	
2.		17.	
3.		18.	
4.		19.	
5.		20.	
6.		21.	
7.		22.	
8.		23.	
9.		24.	
10.		25.	
11.		26.	
12.		27.	
13.		28.	
14.		29.	
15.		30.	
TOTAL			

Total must match the total on the STUDENT TRAVEL EXPENSE REPORT WORKSHEET.

Make copies of this form as needed to accommodate the number of students/sponsors.

 Signature of Sponsor Distributing Funds

 School / Department / Sponsor Club

REQUEST FOR SISD TRAVEL RESERVATIONS

(Fill in information electronically, print, get required signatures, scan and e-mail to Travel Coordinator)

Budget Code (1 form per budget code) _____

_____ Budget Manager's Signature

Originator's Name (Print) _____

Dept/School _____

_____ Supervisor/Principal Signature
(If other than Budget Manager)

*Procedures are listed in SISD Travel Reservation Directions (SISD website) under Procurement Services. Failure to read and follow procedures will not negate traveler's responsibilities. All forms should be submitted at the same time. *Traveler's name must be the same as listed on photo identification. Signature of traveler(s) required for reservations.*

First Name*	Middle Name*	Last Name*	Male/Female*	Birth Date*	Cell Phone	Traveler Signature
_____	_____	_____	/	_____	_____	_____
_____	_____	_____	/	_____	_____	_____
_____	_____	_____	/	_____	_____	_____

(Use additional form for more names)

*(Required by _____)

Travel Itinerary: Event Day/Date _____ Time: _____ City/State _____
 Name of Event _____ Attach copy of brochure/itinerary)

Seating Preferences: Seating: (check one) Aisle _____ Window _____ No preference _____

Earliest time available to travel to destination _____

Day/Date	Departing City/Airport	Destination City/Airport	Desired Arrival Time
	Houston / IAH		

Earliest time available to book return trip _____

Day/Date	Departing City/Airport	Destination City/Airport	Desired Arrival Time
	Houston / IAH		

Rental Car No _____ Yes _____ Van _____ Qty _____ Car _____ Qty _____

SISD carries auto insurance, do not sign for additional insurance coverage when renting the car.

*****Payment for rental must be paid for by staff member at time of vehicle drop off. *****

Driver must have valid driver's license and major credit card.

Hotel No _____ Yes _____ Number of rooms needed _____ (when appropriate staff will share rooms)

*****Room reservations will be guaranteed only. Staff members must pay for the room. *****

City	Hotel Preference	Hotel Telephone	Date In	Date Out

Code if hotel has special conference rate

Note: Airline tickets will be reserved in the name of the person(s) listed above. Tickets cannot be transferred to another person. Any changes/cancellations MUST be submitted on the Change/Cancellation Form and signed by traveler, their supervisor, and Cabinet, and returned to campus/department (changes will increase the cost of the ticket by \$200.00). If approval is not granted by Cabinet, traveler is personally liable for all travel related charges.

Send, with attachments to Kay Wurdeman - Travel Coordinator (Procurement Services) or FAX to 281-891-6466.

Travel Desk – 281-891-6472 or e-mail kayw@springisd.org



Spring Independent School District
DIRECT PAY FORM



Vendor Name: _____ PO # _____ of _____ pages
Please attach original receipt(s) below. Please tape and secure all sides firmly.

NO STAPLES

SAMPLE DOCUMENT