

Travel Checklist

CONFERENCE APPROVAL

- Conference approval
- Request requisition/purchase order for conference registration
- Receive purchase order in eFinance
- Send registration forms to Accounts Payable with purchase order number

RESERVATIONS

- Complete "Request for SISD Travel Reservations" form
- Send completed form to Travel Coordinator (after all approving signatures)
- Hotel reservation **only holds** the room.
 - o The staff member is responsible for payment (include amount on travel advance)
 - o If issuing check to hotel – enter requisition for a Pre-Pay purchase order
- Car rental reservation **only holds** the car rental.
 - o A major credit card is required for payment
 - o If staff member uses debit card, an additional amount will be placed on hold until car rental is returned.

TRAVEL ADVANCE

- Complete "Professional Trip Authorization and Expense Report"
- Requisition/Purchase Order for travel advance
- "Receive" travel advance purchase order in eFinance
- Send Professional Trip Authorization and Expense Report with conference brochure to Accounts Payable

AFTER TRIP

- Complete "Final Expense Report" and submit within 10 days of the return date
- Attach required receipts (hotel, gas, baggage, etc)
- Meal receipts are for budget manager's review only (do not send to Accounts Payable)
- Send completed Professional Trip Authorization and Expense form with supporting documentation to Accounts Payable
- Include check payable to Spring ISD if money is owed to the district

PROFESSIONAL TRIP REGULATIONS

All staff members planning to take a professional trip out of the Houston area and who are requesting an advance and/or reimbursement of expenses must submit a PROFESSIONAL TRIP AUTHORIZATION AND EXPENSE REPORT at least two weeks prior to trip. All applicable signatures must be obtained. A purchase order will be created for the expenses requested. The form will be distributed as follows:

Original	Returned to staff member with the advance check to be submitted as final expense report.
*Yellow	Returned to staff member with the advance check. Must be completed and returned to the Finance Office within 10 days after completion of the trip.
Pink	Filed in Finance Office with copy of advanced check.

* THE FINAL EXPENSE REPORT SECTION **MUST BE COMPLETED AND RETURNED** TO THE FINANCE OFFICE WITH APPROPRIATE DOCUMENTATION EVEN IF NO ADDITIONAL REIMBURSEMENT IS REQUESTED.

Trip expenses will be reimbursed on the following basis:

HOTEL: Staff members attending the same event are expected to share rooms whenever appropriate. Staff members must provide the hotel with a Texas Hotel Tax Exemption form. Texas sales tax will not be reimbursed. Reimbursements will be made from an itemized hotel bill only. This is the responsibility of the staff member.

MEALS: An overnight stay is required. Meals will be reimbursed based on the actual amount expended on meals, not to exceed \$40.00 per day. Schools and departments may set a lower per diem basis as budget limitations dictate.

TRANSPORTATION: Transportation to an event will be based on a 150 air miles standard. All trips within 150 miles of the GMA Leadership Center will be by automobile and all other trips above 150 miles will be by air, unless the Superintendent, Associate Superintendent, Area Superintendent or Athletic Director determines a special exception exists.

1. **PERSONAL AUTOMOBILE:** Personal automobile travel will be reimbursed at the annually approved IRS mileage rate. Multiple staff attending the same event is expected to travel in one automobile whenever possible. This will include approved trips exceeding 150 miles.
2. **AIRFARE:** All airline ticketing will be done through SISD Travel Services. Airfare is reimbursed at the coach fare when extenuating circumstances are pre-approved.
3. **TAXI/SHUTTLE:** Exact cost with receipt.
4. **RENTAL AUTOMOBILE:** Rental automobiles of a midsize or lower rate through SISD Travel Services when approved in advance by the Budget Manager.

PARKING AND TOLLS: Parking and tolls will be reimbursed at the exact cost with receipt.

NO REIMBURSEMENT: No reimbursement will be made for non-District fax, cleaning, entertainment, in-room movies, alcohol, souvenirs, or spousal/family expenses.

REGISTRATION: When possible, is to be paid directly to the conference or vendor with a Direct Pay Purchase Order. This is not normally included in a travel advance. Reimbursement to staff member will be made with proof of payment.

PROFESSIONAL TRIP AUTHORIZATION AND EXPENSE REPORT

STAFF MEMBER _____ VENDOR # _____ PO# _____
 SCHOOL/DEPARTMENT _____ POSITION HELD _____
 TYPE OF CONFERENCE (INFO ATTACHED) _____ CITY/STATE _____ DEPARTURE DATE _____
 NAMES OF OTHER STAFF MEMBERS ATTENDING _____ RETURN DATE _____
 SUBSTITUTE TEACHER REQUIRED FOR _____ DAYS TRIP REQUESTED BY _____

BUDGET UNIT	ACCOUNT	AMOUNT

READ REGULATIONS ON REVERSE SIDE

TRIP/ADVANCE AUTHORIZATION

<p>ADVANCE REQUESTED</p> LODGING \$ _____ X _____ Day(s) \$ _____ FOOD \$ _____ X _____ Day(s) \$ _____ MILEAGE \$ _____ X _____ Miles \$ _____ BAGGAGE FEE** \$ _____ X _____ Bag(s) \$ _____ OTHER* (Be Specific) _____ \$ _____ TOTAL \$ _____	<p>SIGNATURES</p> STAFF MEMBER _____ SUPERVISOR _____ BUDGET MANAGER _____ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; font-size: small;">FINANCE OFFICE USE ONLY</p> CHECK/EFT NO _____ AMOUNT \$ _____ DATE _____ </div>
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ADVANCE WILL BE ISSUED NO EARLIER THAN TWO WEEKS PRIOR TO TRIP

FINAL EXPENSE REPORT

	ALLOWABLE EXPENSE	ACTUAL EXPENSE	
LODGING*	\$ _____	\$ _____	<p>SIGNATURES</p> STAFF MEMBER _____ SUPERVISOR _____ BUDGET MANAGER _____ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; font-size: small;">FINANCE OFFICE USE ONLY</p> TOTAL EXPENSE \$ _____ ADVANCE \$ _____ DUE TO STAFF MEMBER \$ _____ DUE FROM STAFF MEMBER \$ _____ RECEIVED _____ CHECK # _____ INITIALS _____ DATE _____ </div>
FOOD*	\$ _____	\$ _____	
MILEAGE	\$ _____	\$ _____	
BAGGAGE FEE**	\$ _____	\$ _____	
OTHER* (Be Specific)	\$ _____	\$ _____	
TOTAL	\$ _____	\$ _____	
OTHER	_____	_____	

*ATTACH BILLS, RECEIPTS, ITINERARY LIST, ETC. COMPLETE ONLY IF PAID BY THE STATE.
 **COMPLETE ONLY IF BUSHTY TRAVEL REPORT

26.1102 (11/2012)

Professional Trip Authorization and Expense Report forms can be ordered from the Distribution Center using form # 26.1102 when ordering.

The following information is required to have a complete Professional Trip Authorization and Expense Report form:

- ✓ Staff members information
- ✓ Purchase order number
- ✓ Name of conference with dates
- ✓ Budget Unit and Account
- ✓ Advance amount requested (Lodging, Food, Mileage, etc)
- ✓ Staff Member Signature
- ✓ Supervisor Signature
- ✓ Budget Manager Signature (If the trip is being funded by a different department)
- ✓ Copy of conference brochure

The Final Expense Report is located on the bottom of the form.

PROFESSIONAL TRIP AUTHORIZATION AND EXPENSE REPORT

STAFF MEMBER _____ VENDOR # _____ PO# _____
 SCHOOL/DEPARTMENT _____ POSITION HELD _____
 TYPE OF CONFERENCE (INFO ATTACHED) _____ CITY/STATE _____ DEPARTURE DATE _____
 NAMES OF OTHER STAFF MEMBERS ATTENDING _____ RETURN DATE _____
 SUBSTITUTE TEACHER REQUIRED FOR _____ DAYS TRIP REQUESTED BY _____
 BUDGET UNIT _____ ACCOUNT _____ AMOUNT _____

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TRIP/ADVANCE AUTHORIZATION

<p>ADVANCE REQUESTED</p> LODGING \$ _____ X _____ Day(s) \$ _____ FOOD \$ _____ X _____ Day(s) \$ _____ MILEAGE \$ _____ X _____ Miles \$ _____ BAGGAGE FEE** \$ _____ X _____ Bag(s) \$ _____ OTHER* (Be Specific) _____ \$ _____ TOTAL \$ _____	<p>SIGNATURES</p> STAFF MEMBER _____ SUPERVISOR _____ BUDGET MANAGER _____
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FINANCE OFFICE USE ONLY

CHECK/EFT NO _____
 AMOUNT _____
 DATE _____

ADVANCE WILL BE ISSUED NO EARLIER THAN TWO WEEKS PRIOR TO TRIP

FINAL EXPENSE REPORT

	ALLOWABLE EXPENSE	ACTUAL EXPENSE	
LODGING*	\$ _____	\$ _____	<p>SIGNATURES</p> STAFF MEMBER _____ SUPERVISOR _____ BUDGET MANAGER _____
FOOD*	\$ _____	\$ _____	
MILEAGE	\$ _____	\$ _____	
BAGGAGE FEE**	\$ _____	\$ _____	
OTHER* (Be Specific)	\$ _____	\$ _____	
TOTAL	\$ _____	\$ _____	
OTHER	_____	_____	<p style="text-align: center;">FINANCE OFFICE USE ONLY</p> TOTAL EXPENSE \$ _____ ADVANCE \$ _____ DATE FROM STAFF MEMBER \$ _____ DATE FROM STAFF MEMBER \$ _____ RECEIVED _____ CHECK # _____ INITIALS _____ DATE _____

*ATTACH BILLS, RECEIPTS, ITEMIZED LIST, ETC.
 COMPLETE ONLY IF PAID BY THE STAFF MEMBER
 **COMPLETE ONLY IF FLIGHT TRAVEL REQUIRED

58-2102 (11/2012)

- Under the Final Expense Report/Allowable Expense column, the amounts that need to be recorded are those from the advance requested.
- Under the Final Expense Report/Actual Expense column the amounts that need to be recorded are those actually spent.
- Staff Member, Supervisor, and Budget Manager (if different from Supervisor) signatures are required.

The Final Expense report will need to include the backup documentation for the following items:

- ✓ Itemized hotel lodging receipt
- ✓ Meal receipts for Supervisors review and approval (Receipts to be filed at campus/dept.)
- ✓ Baggage fee receipts
- ✓ Rental car receipt
- ✓ Taxi receipts
- ✓ Any other expense that is being claimed on the form.

PROFESSIONAL TRIP AUTHORIZATION AND EXPENSE REPORT

STAFF MEMBER _____ VENDOR # _____ PO# _____
 SCHOOL/DEPARTMENT _____ POSITION HELD _____
 TYPE OF CONFERENCE (INFO ATTACHED) _____ CITY/STATE _____ DEPARTURE DATE _____
 NAMES OF OTHER STAFF MEMBERS ATTENDING _____ RETURN DATE _____
 SUBSTITUTE TEACHER REQUIRED FOR _____ DAYS TRIP REQUESTED BY _____

BUDGET UNIT	ACCOUNT	AMOUNT

READ REGULATIONS ON REVERSE SIDE

TRIP/ADVANCE AUTHORIZATION

ADVANCE REQUESTED	SIGNATURES
LODGING \$ _____ x _____ Day(s) \$ _____	STAFF MEMBER _____
FOOD \$ _____ x _____ Day(s) \$ _____	SUPERVISOR _____
MILEAGE \$ _____ x _____ Miles \$ _____	BUDGET MANAGER _____
BAGGAGE FEE** \$ _____ x _____ Bag(s) \$ _____	
OTHER* (Be Specific) _____ \$ _____	
TOTAL _____ \$ _____	

FINANCE OFFICE USE ONLY	
CHECK/EFT NO	_____
AMOUNT	\$ _____
DATE	_____

ADVANCE WILL BE ISSUED NO EARLIER THAN TWO WEEKS PRIOR TO TRIP

FINAL EXPENSE REPORT

	ALLOWABLE EXPENSE	ACTUAL EXPENSE	SIGNATURES
LODGING*	\$ _____	\$ _____	STAFF MEMBER _____
FOOD*	\$ _____	\$ _____	SUPERVISOR _____
MILEAGE	\$ _____	\$ _____	BUDGET MANAGER _____
BAGGAGE FEE**	\$ _____	\$ _____	
OTHER* (Be Specific)	\$ _____	\$ _____	
TOTAL	\$ _____	\$ _____	

FINANCE OFFICE USE ONLY	
TOTAL EXPENSE	\$ _____
ADVANCE	\$ _____
DUE TO STAFF MEMBER	\$ _____
DUE FROM STAFF MEMBER	\$ _____
RECEIVED _____	CHECK # _____
INITIALS _____	DATE _____

OTHER _____

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