

Little Elm ISD

# Student Travel Cash and Reconciliation Form

Employee/Sponsor Cash Advance Payee: \_\_\_\_\_ Date: \_\_\_\_\_

This form is to be used for Student/Sponsor trips **ONLY**. Include all advanced expenses and receipts for students and sponsor in the spaces provided below. A signature is required for all funds advanced for each student/sponsor.

<b>Please Select Applicable Travel:</b>	<b>Out-of- State</b>	<b>In-State</b>	<b>Req./PO #</b> _____
Group Name _____	Number of Attendees _____		
Campus/Dept. _____	Destination _____		Purpose of Trip _____
Departure Date: _____	Time: _____	AM	PM (Select One)
Return Date: _____	Time: _____	AM	PM (Select One)

<b>TRANSPORTATION</b> <small>(mileage, airfare, charter bus, etc.)</small>		
DESCRIPTION/SPONSOR AMOUNT	DESCRIPTION/STUDENT AMOUNT	TOTAL
\$ _____	\$ _____	\$ _____

<b>LODGING</b>		
DESCRIPTION/SPONSOR AMOUNT	DESCRIPTION/STUDENT AMOUNT	TOTAL
\$ _____	\$ _____	\$ _____

<b>MISCELLANEOUS EXPENSES</b> <small>(registration, event fees, etc.)</small>		
DESCRIPTION/ SPONSOR AMOUNT	DESCRIPTION/STUDENT AMOUNT	TOTAL
\$ _____	\$ _____	\$ _____

<b>MEALS</b> <small>(please use Student Cash Sheet for additional names)</small>		
PRINT NAME	SIGNATURE	TOTAL
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____

**Total Cash Advanced (Check Amount):** \$ \_\_\_\_\_ **Total Amount Distributed:** \$ \_\_\_\_\_

	Fund	Function	Object	Sub-Obj	Org	Yr Program	Individual	Amount
Code:	_____							
Code:	_____							
Code:	_____							

**Traveler Certification:** By signing, I the traveler, do under penalty of perjury, declare that the information contained in this document and any attachments are true and accurate to the best of my knowledge and belief. By submitting this form, I agree to the Payee and Liability Clause and LEISD Travel Guidelines & Procedures. I also certify that no receipts or any information has been altered or changed in any way; and the actual amounts expended were used for the intent stated.

<b>Signature of Sponsor/Payee</b>	<b>Date:</b>
<b>Principal/Director/Deputy/Assistant Superintendent</b>	<b>Date:</b>
<b>Associate Superintendent/CFO</b>	<b>Date:</b>