* Day trip WISTUREITS

Form 4130 Revised 03/13

Abilene Independent School District

	el request / expense si	MICE ()
Date Aug. 8, 2018	Campus One	AISD Center
Employee Name Meghann	-	1110785 (# on your badge
Home Hadress		Scola State X Zip Code 79542
Purpose of Trip +00+0011	Playoffs ,	V dacca a
Estimated Date of Departure Aug.	10,2018 Destination) dessa
Estimated Expenses	Type of Expense	Actual Expenses
	Air Travel	
	Mileage on personal car@	cents
	Rode with	
	Lodging (Attach itemized receipt) Roomed with	
	Meals-Employees (\$7 Breakfast, \$10 Lunch	, \$18 Dinner)
\$35.00	Meals provided for (list names)	st. Mathis
	Johnson, Reece, Stevens	
\$875.00	Meals-Students # 125 @ \$7 eac	h (average)
	Registration (attach receipts)	
54.0 20'20 CONTO	Other expenses (please itemize, attach recei	pts)
\$125.00	Gas for Semi	
\$25.00	Bus driver meals (x	.3)
11 10 11 00		TOTAL EVERNOES
\$ 1056.00 TOTAL	AMA	TOTAL EXPENSES
NEED ADVANCE	AMICONI III III III III III III III III III	MOUNT DUE DISTRICT
YESNO		WOONT DOE DISTRICT
Actual Date of Departure		MUST COMPLETE UPON RETURN
Actual Date of Return	TimeAM/PM	Market Artist Commence
DVANCE/PERMISSION TO ATT	FND FINAL APPRO	VAL AFTER TRIP IS COMPLETED
1	I certify that the above ex	penses were incurred by me in the performance of my official duties. Employee
DateEmployee	Date	Employee
DateSupervisor	Date	Supervisor
BUDGET CODES Will fill	out	\$
BUDGET CODES Fine Arts will fill	out	\$
BUDGET CODES Fine Arts will fill	out	
Fine Arts Will fill		\$\$ \$
fine Arts Will fill	D Accounting including registration, hotel	SS deposits, etc.)
List Prepaid Expenses (paid by AIS	D Accounting including registration, hotel	SS deposits, etc.)
List Prepaid Expenses (paid by AIS) VENDOR DESCRIPT	D Accounting including registration, hotel ION PO	\$\$ \$\$ deposits, etc.) PAYMENT AMOUNT
List Prepaid Expenses (paid by AIS) VENDOR DESCRIPT	D Accounting including registration, hotel ION PO to attend or for advance if requested 5 working days before dep	\$\$ \$
List Prepaid Expenses (paid by AIS VENDOR DESCRIPT White - Send to appropriate supervisor for permission	D Accounting including registration, hotel ION PO to attend or for advance if requested 5 working days before dep	\$\$ \$\$ deposits, etc.) PAYMENT AMOUNT

Abilene Independent School District TRAVEL REQUEST./ EXPENSE STATEMENT Campus Employee ID # 9 State X Zip Code 79 Home Address Purpose of Trip Destination **Estimated Date of Departure Actual Expenses** Type of Expense **Estimated Expenses** Air Travel Mileage on personal car _____@____ Rode with Lodging (Attach itemized receipt) Roomed with Meals-Employees (\$7 Breakfast, \$10 Lunch, \$18 Dinner) # 28.00 Meals provided for (list names) Kitcher St Mathis ohnson Reele Stevenson \$ 847.00 7 each (average) Meals-Students # Registration (attach receipts) (12) Other expenses (please itemize, attach receipts) TOTAL EXPENSES \$ 1.033 TOTAL AMOUNT DUE EMPLOYEE AMOUNT ADVANCED **NEED ADVANCE** AMOUNT DUE DISTRICT \$ 22 AM/PM Time Actual Date of Departure MUST COMPLETE UPON RETURN AM/PM Time Actual Date of Return FINAL APPROVAL AFTER TRIP IS COMPLETED ADVANCE/PERMISSION TO ATTEND Lertify that the above expenses were incurred by me in the performance of my official duties. Employee_ Employee Supervisor_ Supervisor **BUDGET CODES**

List Prepaid Expenses (paid by AISD Accounting including registration, hotel deposits, etc.)

White - Send to appropriate supervisor for permission to attend or for advance if requested 5 working days before departure

DESCRIPTION

Yellow - Send to appropriate supervisor when trip is completed

Pink -Campus copy Gold - Employee copy

VENDOR

RETURN FINAL WITHIN 5 DAYS OF RETURN

Trip ID#_

For Business Office Use Only Advance Check # Receipt #_ Refund Check #___

PAYMENT AMOUNT