

*overnight w/ student

Abilene Independent School District

TRAVEL REQUEST / EXPENSE STATEMENT

Date Aug. 13, 2018 Campus One AISD Center
Employee Name Meghann Kilchrist Employee ID # 9110785
Home Address 322 CR 1676 City Tuscola State TX Zip Code 79562
Purpose of Trip Area Contest - Band
Estimated Date of Departure Sep. 7, 2018 Destination Midland

Estimated Expenses

Type of Expense

Actual Expenses

<u>—</u>	Air Travel	<u>—</u>
<u>—</u>	Mileage on personal car @ <u>—</u> cents	<u>—</u>
<u>—</u>	Rode with	<u>—</u>
<u>See below</u>	Lodging (Attach itemized receipt) <u>over \$1,500 - req.</u>	<u>—</u>
<u>\$53.00</u>	Roomed with	<u>—</u>
<u>\$212.00</u>	Meals-Employees (\$7 Breakfast, \$10 Lunch, \$18 Dinner)	<u>—</u>
<u>—</u>	Meals provided for (list names) <u>Johnson,</u>	<u>—</u>
<u>—</u>	<u>Reece, Mathis, Stevenson</u>	<u>—</u>
<u>\$1,120.00</u>	Meals-Students # <u>40</u> @ \$7 each (average) <u>(\$28)</u>	<u>—</u>
<u>—</u>	Registration (attach receipts)	<u>—</u>
<u>—</u>	Other expenses (please itemize, attach receipts)	<u>—</u>
<u>\$56.00</u>	<u>2 bus drivers (\$28)</u>	<u>—</u>
<u>—</u>		<u>—</u>
<u>—</u>		<u>—</u>

\$1,441.00 TOTAL

TOTAL EXPENSES

NEED ADVANCE

AMOUNT ADVANCED

AMOUNT DUE EMPLOYEE

YES ☒ NO ☐

\$

AMOUNT DUE DISTRICT

Actual Date of Departure _____ Time _____ AM/PM
Actual Date of Return _____ Time _____ AM/PM

MUST COMPLETE UPON RETURN

ADVANCE/PERMISSION TO ATTEND

FINAL APPROVAL AFTER TRIP IS COMPLETED

I certify that the above expenses were incurred by me in the performance of my official duties.

Date _____ Employee _____	Date _____ Employee _____
Date _____ Supervisor _____	Date _____ Supervisor _____

BUDGET CODES

Fine Arts will fill in \$ _____
\$ _____
\$ _____

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

VENDOR	DESCRIPTION	PO#	PAYMENT AMOUNT
<u>Holiday Inn</u>	<u>13 rooms, \$120/night</u>	<u>304668</u>	<u>\$1,560.00</u>

White - Send to appropriate supervisor for permission to attend or for advance if requested 5 working days before departure
Yellow - Send to appropriate supervisor when trip is completed
Pink - Campus copy
Gold - Employee copy

RETURN FINAL WITHIN 5 DAYS OF RETURN

For Business Office Use Only

Advance Check # _____ Receipt # _____

Trip ID # _____ Refund Check # _____

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Purpose of Trip Area Contest - Band
Estimated Date of Departure Sep. 7, 2018 Destination Midland

Estimated Expenses	Type of Expense	Actual Expenses
<u>See below</u>	Air Travel	
<u>\$53.00</u>	Mileage on personal car @ _____ cents	
<u>\$212.00</u>	Rode with _____	
<u>\$1,120.00</u>	Lodging (Attach itemized receipt) <u>over \$1,500 - req.</u>	
	Roomed with _____	
	Meals-Employees (\$7 Breakfast, \$10 Lunch, \$18 Dinner)	<u>\$53.00</u>
	Meals provided for (list names) <u>Johnson,</u>	<u>\$159.00</u>
	<u>Reece, Mathis, Stevenson</u>	
	Meals-Students # <u>40</u> <u>36</u> @ \$7 each (average) <u>(\$28)</u>	<u>\$1,008.00</u>
	Registration (attach receipts)	
<u>\$56.00</u>	Other expenses (please itemize, attach receipts)	
	<u>2 bus drivers (\$28)</u>	<u>\$56.00</u>
<u>\$1,441.00</u> TOTAL		TOTAL EXPENSES <u>\$1,276.00</u>
NEED ADVANCE	AMOUNT ADVANCED	AMOUNT DUE EMPLOYEE
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	\$ _____	AMOUNT DUE DISTRICT <u>\$165.00</u>

Actual Date of Departure _____ Time _____ AM/PM	MUST COMPLETE UPON RETURN
Actual Date of Return _____ Time _____ AM/PM	

ADVANCE/PERMISSION TO ATTEND	FINAL APPROVAL AFTER TRIP IS COMPLETED
Date _____ Employee _____	<small>Certify that the above expenses were incurred by me in the performance of my official duties.</small>
Date _____ Supervisor _____	Date _____ Employee _____
	Date _____ Supervisor _____

BUDGET CODES

Fine Arts will fill in \$ _____

\$ _____

\$ _____

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

VENDOR	DESCRIPTION	PO#	PAYMENT AMOUNT
<u>Holiday Inn</u>	<u>13 rooms, \$120/night</u>	<u>304668</u>	<u>\$1,560.00</u>