* Cornerence, in summing

Abilene Independent School District
TRAVEL REQUEST / EXPENSE STATEMENT

Date Feb. 2019	Campus	One AISD Ce	inter
Employee Name Meghann	KILCHVIST Employe	ee ID# 9110 785	2001.0
Home Address 322 CR U	ilec	City TUSCOLO State TX	Zip Code 19562
Purpose of Trip			
Estimated Date of Departure Feb.	13, 2019 Destinat	tion San Antoni	<u></u>
Estimated Expenses	Type of Exper		Actual Expenses
	Air Travel		
	Mileage on personal car	cents	
\$435.00	Rode with		
\$122.00	Meals-Employees (\$7 Breakfast, \$	10 Lunch, \$18 Dinner)	
	Meals provided for (list names)	Kilchrist	
	Meals-Students #	@ \$7 each (average)	
\$ 120.00	Registration (attach receipts)		
	Other expenses (please itemize, at		
\$60.00	suburban parkin	19	
		J	
\$737.00 TOTAL		TOTAL EXPENS	SES
NEED ADVANCE	AMOUNT ADVANCED	AMOUNT DUE EMPLOY	EE
YESNO	S	AMOUNT DUE DISTRI	СТ
Actual Date of Departure	Time	AM/PM MUST COMPLE	TE UPON RETURN
Actual Date of Return	Time #	AM/PM	IE OF ON REPORT
ADVANCE/PERMISSION TO AT	TEND FINAL legrify the	APPROVAL AFTER TRIP IS	COMPLETED
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DateEmployee DateSupervisor BUDGET CODES HIM AVIS WITH ATTENTION ATTENTI	ISD Accounting including registrative PTION ion to attend or for advance if requested 5 working days completed	Supervisor Superv	PAYMENT AMOUNT

Abilene Independent School District

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TRAVEL REQUEST / EXPENSE STATEMENT

Employee Name	Date Feb. 1, 2019	c	ampus One P	ISD Cen	ter	
Home Address 322 CR CTO City USO State Zip Code PURCE Purpose of Trip	Employee Name Mean and KILINIST Employee ID# 9/10 185					
Purpose of Trip Estimated Date of Departure Estimated Expenses Type of Expense Actual Expenses Rode with Lodging (Attach, itemized receipt) Romed with Actual Compenses (Please interized, attach receipts) Meals Provided for (Its names) Meals Provided for (Its names) Meals Students # @ \$7 each (average) Registration (attach receipts) Other expenses (please itemize, attach receipts) ADUANCE TOTAL EXPENSES \$137.1\Q AMOUNT DUE EMPLOYEE AMOUNT DUE EMPLOYEE ACTUAL Date of Departure Time AMPM AMVANCE/PERMISSION TO ATTEND Date Employee Date Supervisor BUBGET CODES BUBGET CODES List Prepaid Expenses (paid by AISD Accounting including registration, hotel deposits, etc.) VENDOR DESCRIPTION PO# PAYMENT AMOUNT PAYMENT AMOUNT Advance Check # Receipt # Receipt #	0 1 - 0 1 -	76	City USCO	C State Z Zip	Code 79562	
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Form 4130 Revised 03/13