

*CORRECTION, IN CEMENT

Abilene Independent School District

TRAVEL REQUEST / EXPENSE STATEMENT

Date Feb. 1, 2019 Campus One AISD Center
Employee Name Meghann Kilchrist Employee ID # 9110785
Home Address 322 CR 676 City Tuscola State TX Zip Code 79562
Purpose of Trip TMEA
Estimated Date of Departure Feb. 13, 2019 Destination San Antonio

Estimated Expenses	Type of Expense	Actual Expenses
<u> </u>	Air Travel <u> </u>	<u> </u>
<u> </u>	Mileage on personal car <u> </u> @ <u> </u> cents	<u> </u>
<u>\$435.00</u>	Rode with <u> </u>	<u> </u>
<u>\$122.00</u>	Lodging (Attach itemized receipt)	<u> </u>
<u> </u>	Roomed with <u>Keith</u>	<u> </u>
<u> </u>	Meals-Employees (\$7 Breakfast, \$10 Lunch, \$18 Dinner)	<u> </u>
<u> </u>	Meals provided for (list names) <u>Kilchrist</u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u>\$120.00</u>	Meals-Students # <u> </u> @ \$7 each (average)	<u> </u>
<u>\$60.00</u>	Registration (attach receipts)	<u> </u>
<u> </u>	Other expenses (please itemize, attach receipts)	<u> </u>
<u> </u>	<u>suburban parking</u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u>\$737.00</u> TOTAL	TOTAL EXPENSES	<u> </u>
NEED ADVANCE	AMOUNT ADVANCED	AMOUNT DUE EMPLOYEE
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	\$ <u> </u>	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

Date Employee Date Employee
Date Supervisor Date Supervisor

FINAL APPROVAL AFTER TRIP IS COMPLETED

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

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> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </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 TMEA
 Estimated Date of Departure Feb. 13, 2019 Destination San Antonio

Estimated Expenses	Type of Expense	Actual Expenses
	Air Travel	
	Mileage on personal car @ _____ cents	
	Rode with _____	
<u>\$435.00</u>	Lodging (Attach itemized receipt)	<u>\$427.16</u>
<u>\$122.00</u>	Roomed with <u>Keith</u>	<u>\$122.00</u>
	Meals-Employees (\$7 Breakfast, \$10 Lunch, \$18 Dinner)	
	Meals provided for (list names) <u>Kilchrist</u>	
	Meals-Students # _____ @ \$7 each (average)	
<u>\$120.00</u>	Registration (attach receipts)	<u>\$120.00</u>
<u>\$60.00</u>	Other expenses (please itemize, attach receipts) <u>suburban parking</u>	<u>\$60.00</u>
<u>\$737.00</u> TOTAL	TOTAL EXPENSES	<u>\$737.16</u>
NEED ADVANCE	AMOUNT ADVANCED	AMOUNT DUE EMPLOYEE <u>.16</u>
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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

Date _____ Employee _____
 Date _____ Supervisor _____

FINAL APPROVAL AFTER TRIP IS COMPLETED

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