CANUTILLO INDEPENDENT SCHOOL DISTRICT SPONSOR / STUDENT TRAVEL EXPENSE REPORT

| Name: |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Campus/Department |  |  |  |  |  |  |  |  |
| Conference/Event: |  |  |  |  |  |  |  |  |
| Conference/Event Dates: |  |  |  |  |  |  |  |  |
| SPONSOR EXPENSES: |  |  |  |  |  |  |  |  |
|  | SUN | MON | TUES | WED | THUR | FRI | SAT | TOTALS |
| Meals |  |  |  |  |  |  |  |  |
| Ground Transp. |  |  |  |  |  |  |  |  |
| Registration |  |  |  |  |  |  |  |  |
| Lodging |  |  |  |  |  |  |  |  |
| Paid by Employee |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |
| TOTAL SPONSOR EXPENSES: (a) |  |  |  |  |  |  |  |  |
| STUDENT EXPENSES: NUMBER OF STUDENTS TRAVELING: |  |  |  |  |  |  |  |  |
|  | BREAKFAST |  | LUNCH |  | DINNER |  |  | TOTALS |
| Meals |  |  |  |  |  |  |  |  |
| Registration |  |  |  |  |  |  |  |  |
| Lodging |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |
| TOTAL STUDENT EXPENSES |  |  |  |  |  |  | (b) |  |
| EMPLOYEE EXPENSES PAID FROM DISTRICT |  |  |  | (a) |  |  |  |  |
| STUDENT EXPENSES PAID FROM DISTRICT |  |  |  | (b) |  |  |  |  |
| TOTAL EXPENSES PAID FROM DISTRICT (a+b) |  |  |  | ( c ) |  |  |  |  |
| Amount due to Student(s) |  |  |  | (d) |  |  |  |  |
| Amount due to Sponsor |  |  |  | (e) |  |  |  |  |
| Amount due to District |  |  |  |  |  |  |  |  |
| GRAND TOTAL (C+F) |  |  |  |  |  |  |  |  |
| I certify that I: <br> (check one) |  | Used all of the per diem for food purchases only. |  |  |  |  |  |  |
|  |  | Did not ue all of the per diem for food purchases only. Any unused per diem will be returned to District. |  |  |  |  |  |  |
| SPONSOR SIGNATURE: |  |  |  |  |  |  |  |  |
| BUDGET ADMIN. SIGNATURE: |  |  |  |  |  |  |  |  |
| Executive Director, Financial Services Division: |  |  |  |  |  |  |  |  |
| FINANCIAL SERVICES USE ONLY |  |  |  |  |  |  |  |  |
| District Reimbused On: Office Receipt \# Sponsor Reimbursed On: ERR \# <br> Acct \#: |  |  |  |  |  |  |  |  |

