



## CANUTILLO INDEPENDENT SCHOOL DISTRICT TRAVEL EXPENSE REPORT

**IMPORTANT: Travel Expense Report and Original Receipts are due in Finance Office within 10 days of travel.**

Name: \_\_\_\_\_ School/Dept: \_\_\_\_\_  
Conference / Meeting: \_\_\_\_\_  
Destination: \_\_\_\_\_ Dates of Travel: \_\_\_\_\_

### Travel Expenses

	A) Paid by District		B) Paid by Employee		C) Total
Registration Fees:	\$ _____	+	\$ _____	=	\$ _____
Airfare:	\$ _____	+	\$ _____	=	\$ _____
Mileage:	\$ _____	+	\$ _____	=	\$ _____
Lodging:	\$ _____	+	\$ _____	=	\$ _____
Vehicle Rental:	\$ _____	+	\$ _____	=	\$ _____
Taxi / Shuttle:	\$ _____	+	\$ _____	=	\$ _____
Parking:	\$ _____	+	\$ _____	=	\$ _____
Meals:	\$ _____	+	\$ _____	=	\$ _____
Other: (Specify)	\$ _____	+	\$ _____	=	\$ _____
	\$ _____	+	\$ _____	=	\$ _____
<b>Total Expenses:</b>	\$ _____	+	\$ _____	=	\$ _____
<b>Due to District:</b>	\$ _____		<b>Amount Due to Employee:</b>	\$ _____	

*I certify that:*

*I certify that:*

*I used all of the per diem for food purchases only.*

*I did not use all of the per diem for food purchases only.*

**INCOMPLETE EXPENSE REPORTS WILL BE RETURNED AND ANY  
REIMBURSEMENTS DUE WILL BE DELAYED.**

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### FINANCIAL SERVICES USE ONLY

District Reimbursed On: \_\_\_\_\_  
Office Receipt # \_\_\_\_\_ Rec'd By: \_\_\_\_\_  
Employee Reimbursed On: \_\_\_\_\_  
ERR # \_\_\_\_\_ Issued By: \_\_\_\_\_  
Acct #: \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Budget Authority Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Director Financial Services \_\_\_\_\_ Date: \_\_\_\_\_