



Progreso ISD TRAVEL CLAIM REPORT

Business Office Use

RCVD by _____

Date _____ Time _____

From _____

Acct No _____

Check # _____ Date _____

This report must be completed and forwarded to the Accounts Payable Department along with all receipts (*detailed receipts*) at the time of the employee's return. Must include copy of certificate and conference/training schedule/agenda. Failure to do so may result in no reimbursement. **Please list all expenses and Advances.** Example: Hotel, Mileage (round trip map using <http://www.mapquest.com/>), Meals (detailed receipt), Parking Etc. You may only claim actual costs up to the maximum allowed by board policy. (*Refer to your Travel Authorization Form*).

Name _____ Position/Title _____

Department/Campus _____ Destination _____

e-mail address _____

Departure Date & Time _____

Arrival Date & Time _____

| EXAMPLE | | | |
|---------|-----------|--|---------|
| 5/1/15 | Breakfast | Region I Purchasing Conference Nov 8, 2015 | \$ 7.00 |

| Date | Description | Purpose | Amount Requested | A.P Dept. Only Actual Amt. Reimbursed |
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| TOTAL | | | | |

I certify that all expenditures referenced above are actual, true and correct, and were incurred while traveling on school authorized business.

Employee's Signature _____
Date

Breakfast: Leaving by 6:00 a.m or Returning after 10:00 a.m Allowed \$ 8.00 per meal
 Lunch: Leaving by 10:00 a.m or Returning after 2:00 p.m Allowed \$11.00 per meal
 Dinner: Leaving by 2:00 p.m or Returning after 8:00 p.m Allowed \$17.00 per meal