

**TRAVEL ADVANCE
EMPLOYEE ADVANCE ESTIMATE / RECONCILIATION**

Name (Traveler): _____ Campus/Dept: _____

Travel Date(s): _____ Destination & Purpose of Travel: _____

ITEM	ADVANCE AMOUNT	ACTUAL EXPENSE	Reconciliation ADVANCE LESS ACTUAL	RECEIPT REQUIRED
Registration (6411)				YES
Lodging ⁽¹⁾ (6411)				YES (Detailed Receipt)
Airfare (6411)				YES
Car Rental (6411)				YES
Mileage ⁽²⁾ (6411)				NO
Meals ⁽³⁾ (6411) # Breakfasts _____ x \$8 # Lunches _____ x \$10 # Dinners _____ x \$18				NO GRANT FUNDS ONLY-YES
Misc. ⁽⁴⁾ (6411 or 6499)				YES
Materials (6399)				YES
TOTALS				

- (1) Tax-Exempt: MISD is not subject to Texas State Taxes and will not reimburse this charge. Present the Hotel Occupancy Tax Exemption form to the hotel. Lodging may be limited by the state rate of \$85 per day (not including tax). Detailed receipt required for accounting.
- (2) Mileage is reimbursed at \$.655 a mile as of 7/2022.
- (3) Daily allowance for meals: Breakfast (\$8), Lunch (\$10), and Dinner (\$18) with overnight travel.
- (4) Tolls, taxi, fuel, parking, etc. directly related to travel – 6411. Internet or misc.-6499.

(Employee Signature)

(Principal Signature)

Request must be received by the Business Office no later than ten business days prior to start of travel. Required receipts and any remaining funds must be returned to the campus secretary within 10 days after completion of travel. **By my signature, I acknowledge that failure to return receipts may result in a denial of future travel advance requests, as well as the amount of the advance being withheld from my paycheck. It is the employee's responsibility to return all receipts to the campus/dept. secretary.**

TO BE COMPLETED BY CAMPUS/DEPT. SECRETARY UPON COMPLETION OF TRAVEL

Total of Column A (Advance) is greater than Column B (Actual Expenses). Employee has returned \$ _____ to the district. Date: _____

****OR****

Total of Column A (Advance) is less than Column B (Actual) - Check one of the following:

- _____ Additional reimbursement to be paid to the employee in the amount of \$ _____
- _____ No additional reimbursement is requested.

Account Number(s): _____