



Robstown Independent School District Out of District Travel Form

PRINT ON BLUE PAPER ONLY

REIMBURSEMENT Request
 ADVANCE Request
 ACCOUNTING of Trip

Name _____ Title _____ Campus/Department _____
 Name of Conference/Activity _____ Location _____
 _____ to _____ / _____ / _____
 Conference Dates _____ Departure Date/Time _____ Return Date/Time _____

Purpose _____
 Are there other persons traveling for similar purpose? If yes, how many? _____

DESCRIPTION OF EXPENDITURES (include meals, registration, lodging, transportation, etc.)	AMOUNT PAID BY P.O.	AMOUNT DUE
Meals		
Registration		
Lodging		
Misc - Itemized		
Mileage 48.5 cents per mile Total Miles = <input type="text"/> www.mapquest.com		
TOTAL		
Account Code: _____ Amount: _____ _____ _____		
<input type="checkbox"/> Due Employee	BALANCE DUE	

NOTE: ITEMIZED Receipts are required on ALL items (except mileage) within 2 weeks to the Business Office upon returning from travel.
 FAILURE TO SUBMIT APPROPRIATE DOCUMENTATION WITHIN THIS TIME FRAME MAY RESULT IN:
 * REIMBURSEMENT WILL NOT BE ISSUED
 * ADVANCE PAYROLL DEDUCTED FROM YOUR PAYROLL CHECK

Employee Signature: _____ Date: _____
 Immediate Supervisor Approval: _____ Date: _____
 Curriculum Director Approval: _____ Date: _____
 Substitute Needed: Yes No N/A Return Form To: _____