

TRAVEL ADVANCE & RECONCILIATION FORM

Travel Purpose: _____

Date of Travel: _____

Program: _____

Sponsor(s): _____

Amount needed: _____

STUDENTS/ADULTS TRAVELING: (all students and sponsors must sign)

form

To be completed upon return to district:

All parties receiving advance monies for meals traveling and participating on behalf of WESTBROOK ISD must sign. Return to business office attached to a Payment Authorization to be processed for payment.

RECONCILIATION:

Amount Advanced: \$ _____

Amount Spent: \$ _____

Difference Returned: \$ _____

Difference Owed: \$ _____

(attach receipts)

I do hereby certify that the above information is true and correct. I understand that if there is un-spent money owed back to the district, that I am responsible for keeping track of all information needed (i.e. receipts) to support the return of the funds or to request additional funds for this event.

_____ Date: _____

Signature of Sponsor

_____ Date: _____

Signature of Sponsor

Approved by: _____

Date: _____

Account code: _____

Signature of Sponsor