

# FRIENDSWOOD INDEPENDENT SCHOOL DISTRICT REQUEST FOR TRAVEL ADVANCE

NOTE: Restrictions exist on travel expenses paid from federal funds sources. No reimbursements or advances may be paid from petty cash or petty cash checking. After the appropriate approval send this form to FISD Business Office, Attn: Accounts Payable.

EMPLOYEE NAME: \_\_\_\_\_

BUDGET CODE: \_\_\_\_\_

CAMPUS / DEPT. \_\_\_\_\_

Dates of Trip: \_\_\_\_\_

DESTINATION AND PURPOSE OF TRAVEL: \_\_\_\_\_

	Date	Time		To be eligible for	You must leave before	Or Return After
Depart	_____	_____ a.m. / p.m.		Breakfast	6:00 a.m.	6:00 a.m.
Return	_____	_____ a.m. / p.m.		Lunch	12:00 p.m.	12:00 p.m.
				Dinner	6:00 p.m.	6:00 p.m.

<b>Meals:</b>	_____	Breakfast(s) @	\$ 8.00	=	\$ -	
	_____	Lunch(es) @	\$ 10.00	=	\$ -	
	_____	Dinner(s) @	\$ 18.00	=	\$ -	
Total Meals: (no receipts required)						(1) \$ -

**Lodging (attach original itemized receipts to Final Report)**

\_\_\_\_\_ nights @ \_\_\_\_\_ per night = (2) \$ -

Hotel Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Incidental Expenses (attach original itemized receipts to Final Report):**

Other Expenses (Taxi, Parking, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Incidental Expenses \$ - (3) \$ -

**TOTAL ADVANCE CLAIMED** (4) \$ -

**Share lodging with employee:**

Name: \_\_\_\_\_ Campus: \_\_\_\_\_

Name: \_\_\_\_\_ Campus: \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee \_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by Supervisor \_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by Business Manager(s) \_\_\_\_\_  
Date