



**HOUSTON INDEPENDENT SCHOOL DISTRICT
TRAVEL AUTHORIZATION AND
PAYMENT/REIMBURSEMENT VOUCHER**

Business Area	Commitment Item		Org. #	Funds Center		Project	Fund
	Function	Object		IA			
		6411					

TRAVEL INFORMATION

NAME		TITLE:		EMPLOYEE ID #	
ADDRESS:		DEPARTMENT/SCHOOL:		PHONE #:	
DESTINATION:					
FULL REIMBURSEMENT		PARTIAL REIMBURSEMENT UP TO		\$	
PURPOSE OF TRAVEL			Date		Time
		Departure			
		Return			

REIMBURSEMENT INFORMATION

Receipts Required on Return	(a) Estimated Expenses	(b) Expenses Paid Directly by HISD	(c) Expenses to be Reimbursed to Employee
Registration Fees	\$	\$	\$
Airfare*	\$	\$	\$
Lodging*	\$	\$	\$
Food	\$	\$	\$
Auto # Miles ()	\$	\$	\$
Parking Fees	\$	\$	\$
Bus, Cab, Etc.	\$	\$	\$
Miscellaneous	\$	\$	\$
TOTAL	\$	\$	\$
*Airfare will be prepaid by District if obtained through the Purchasing Department. Lodging will be prepaid if expected cost exceeds <u>\$300</u> .		TOTAL COST OF THE TRIP	\$

(b + c)

AUTHORIZATION INFORMATION

Authorization For Travel	Authorization for Reimbursement
Employee: _____ Administrator with Budget Authority: _____ Superintendent of Schools: _____ (Deputy Travel Only) Note: Employees cannot approve their own travel authorization or reimbursement. Obtain approval of immediate supervisor. After approvals, submit to Purchasing for assigning of trip number and encumbering of funds. This must be done prior to trip departure.	REIMBURSEMENTS WILL BE DIRECT DEPOSIT IF BANK INFO IS CURRENT. IF BANK INFO IS NOT CURRENT, IT WILL BE MAILED. Employee: _____ Administrator with Budget Authority: _____ Superintendent of Schools: _____ (Deputy/Associate Travel Only)

FOR ACCOUNTING USE ONLY

TR# _____	VENDOR # _____	PO # _____
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