

Granite Falls School District Advance Travel Request

Request # _____

Name _____
 Conf Title _____
 Conf Location _____

Departure Date _____
 Departure Time _____

Return Date _____
 Return Time _____

Estimated Expenses

Breakfast is allowed if departing prior to 6:30 AM
 Dinner is allowed if returning after 6:30 PM

Request Date	Account Code	8200 Lodging	8000 Mileage	8300 Airfare	8000 Parking	8100 Breakfast	8100 Lunch	8100 Dinner	8000 Car Rental	7300 Conf Fee	Misc.	Total
			.565			14.00	16.00	24.00				
Totals		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

I do hereby request Advance Funds for the travel related expense outlined above. I agree to submit my claim for actual expenses along with receipts and any unused or disallowed funds within 10 working days of my return.

Advances _____

Employee Signature _____ Date _____
 Supervisor Signature _____ Date _____
 Business Office Approval _____ Date _____

A district purchase order must be used for these expenses whenever excepted by the vendors.
 A district credit card may be checked out from the District Office.

Check # _____

For Office Use Only

Actual Expenses

Date	Account Code	8200 Lodging	8000 Mileage	8300 Airfare	8000 Parking	8100 Breakfast	8100 Lunch	8100 Dinner	8000 Car Rental	7300 Conf Fee	Misc.	Total
			.565			14.00	16.00	24.00				
Totals												
											Subtotal	
											Advances	
											Returned Funds	
											TOTAL	

Amount to Reimburse GFSD Travel _____