

Riviera ISD
Advance Travel Expense Report
Please fill out one (1) report per trip

Name of Employee: _____ Campus: _____

Date & Time of Departure: _____

Date & Time of Return: _____

Destination/Purpose of Travel: _____

Number of Students: _____ Number of Adults: _____

TOTAL EXPENSES

	Advance	Actual	Difference
Mileage _____ @ \$0.345	\$ _____	\$ _____	\$ _____
Meals.....	\$ _____	\$ _____	\$ _____
Hotel/Motel.....	\$ _____	\$ _____	\$ _____
Other/Parking.....	\$ _____	\$ _____	\$ _____
Totals.....	\$ _____	\$ _____	\$ _____

Accounting Code(s)

Purchase Order # _____

Liquidate Purchase Order: YES NO

NOTE: This report must be returned to the Business Office Bookkeeper within five (5) days after return from trip with receipts attached

Signature of Employee Date

Signature of Supervisor Date

Business Manager Date

To avoid delay of payment, complete this form in its entirety.