

Crosby Independent School District

STUDENT TRAVEL COMPLETION FORM

Please complete this form upon your return

- Attach appropriate receipts
- Secretary/Bookkeeper verifies information & signs for accuracy/approval
- Principal's or Administrator's approval is required before a reimbursement can be made
- Secretary/Bookkeeper will process check request, if necessary, and submit to Purchasing/AP

Sponsor's Name	Departure Date	Departure Time
Name of Event	Return Date	Return Time
Name of Student Group		

**Attach purchase receipts, attending lists, and deposit receipt(s) w/remittance sheet(s).
(please tape all receipts on a piece of paper)**

Total Received for Student Meals	Total Received for Employee Meals	Total Received for Non Employee Meals
Actual Amount Used - Students	Actual Amount Used - Employees	Actual Amount Used - Non Employees

Advance Check # & Amount:

Total Amount Used:

Amount Returned & Receipt #:

Sponsor

Date

Principal or Administrator

Date

Secretary/Bookkeeper

Date