

**Center Point Independent School District
TRAVEL EXPENSE CLEARANCE FORM**

	Amount Of Advance	Receipted Expenses	Difference		Account Number
			Due to CISD	Due to Employee	
Lodging					
Taxi					
Shuttle					
Parking					
Other <i>Describe in De and Attach</i>					
TOTAL					

Name:	Department/Campus:
Destination:	Date of Trip:
Check Number:	Check Date:

Employee must complete **all shaded** areas and attach all receipts. Please include any other receipts which an advance was not given (Car Rental, Etc.)

Failure to complete and submit a Travel Expense Clearance Form within 10 days after completion of will result in a repayment to the District by a deduction from the employee's paycheck.

THE STATE OF TEXAS, COUNTY OF KERR, I certify the expenses shown are a true and correct render of the travel performed on the dates indicated and that expenses were incurred in connection with travel performed. I have not been previously reimbursed for this travel.

Signature of Claimant: _____ Date: _____

To Be Completed By Business Services Department

Date Cleared	Cleared By	Cash Received	Check Issued

Forward original to the Business Services Department and retain a copy for yourself. If any changes corrections are required you will be notified.