

# Aspermont Independent School District Travel Voucher

Name: \_\_\_\_\_ Campus: \_\_\_\_\_

Date of Trip: \_\_\_\_\_

## Distribution of Travel Funds

Fees and Dues Used: \_\_\_\_\_ (Attach receipts)

Gas Charged: \_\_\_\_\_ (Attach receipts)

Hotel: \_\_\_\_\_ (Attach receipts)

Meal Money Spent: \_\_\_\_\_ (Attach receipts as applicable)

I certify that the actual costs listed above are true and correct. I understand that I may be required to validate the actual cost with detailed receipts. If actual costs are less than the advanced per diem, the traveler must reimburse the unspent funds to Aspermont ISD with this form. Actual costs that exceed GSA rates will not be reimbursed.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date