

Crosby Independent School District

TRAVEL COMPLETION FORM

Please complete this form upon your return

- attach appropriate receipts
- get principal's or administrator's approval
- submit to the Purchasing Specialist

Employee's Name	Departure Date	Departure Time
Name of Event	Return Date	Return Time
City & State of Event		

Attach Receipts: (please tape all receipts on a piece of paper)

*******Do not include expenses disbursed prior to trip*******

Lodging	Mileage	Other
Meals	Parking	Total Expenses

Employee Date

Principal or Administrator Date