## LORAINE ISD TRAVEL ADVANCE & RECONCILIATION FORM

Program:	
Sponsor(s): Amount needed:	<del></del>
STUDENTS/ADULTS TRAVELING: (all students and sponsors must sign)	
To be completed upon return to district All parties receiving advance monies for participating on behalf of LORAINE ISD r to business office attached to a Paymen processed for payment.  RECONCILIATION:	meals traveling and must sign. Return forn
Amount Advanced: \$	
Amount Spent: \$	
Difference Returned: \$	
Difference Owed: \$ (attach receipts)	
I do hereby certify that the above inform correct. I understand that if there is unback to the district, that I am responsible all information needed (i.e. receipts) to the funds or to request additional funds	spent money owed e for keeping track of support the return of
Approved by:	Date:
Date: Signature of Sponsor	
Account code:	Date: