

Business and Finance Symposium

July 30, 2024

Federal Program and SCE



Griselda Alvarez
Nelida Alvarado
Ana De Hoyos
Lynette Cardoza
Elva Guerrero
Margot Zuniga

Revised 12/4/2024



DONNA ISD'S STRATEGIC PLAN

DISD GRADUATES ALL STUDENTS READY FOR COLLEGE, CAREER, OR THE MILITARY

MISSION

The mission of Donna ISD is to provide a rigorous and supportive learning environment with meaningful and relevant learning experiences that inspire creativity, character development, and critical thinking that ensures educational excellence for all students.

VISION

The vision of Donna ISD is to be a bold district at the forefront of educating all students to be passionate, motivated leaders who will be a powerful force for positive change in our community, state and nation.



ALL DONNA ISD GRADUATES...



Purpose

- Help administrators understand the different types of State & Federal entitlements and its intended purpose and goals.
- Review required documentation needed when using State/Federal funds.



Title I Part A – ESSA Fund 211

Title I, Part A is a federal entitlement.

The purpose of Title I Part A of ESSA is to provide all children significant opportunity to receive a fair, equitable, and high-quality education, and to close educational achievement gaps between children meeting the challenging State academic standards and those children who are not meeting such standards.

Allowable cost such as:

- Supplies/materials and equipment that will help all students meet state academic standards.
- Tutorials- Core Content Area.
- Family Engagement services to assist parents in helping their child at home.
- Professional development for teachers in the core content areas.
- STAAR test workbooks and manipulatives.
- Online instructional services.
- Small equipment for student and teacher use such as iPads, laptops, projectors.



State Compensatory Education (SCE) Fund 164

SCE is a State Mandated Program.

SCE funding is derived by the identification of at-risk students (PEIMS).

Student eligibility is based on TEA's – SCE 15 qualifying criteria for identification.

SCE Funds may only supplement the regular educational program for identified at-risk students.

Allowable costs:

- Tutoring
- Class size reduction
- State assessment remediation
- Accelerated instruction
- Individualized instruction
- Extension of the instructional school day, week or year
- Small group instruction

Prior to Encumbering State or Federal Funds



Comprehensive Needs Assessment (CNA)



Campus Improvement Plan (CIP)



Are costs reasonable and necessary to carry out the grant project



Funds must be used to supplement (*increase the level of services*) and not supplant (*replace*) funds from non-federal sources

CIP/DIP

Each DIP and CIP should contain SMART goals:

- ☐ **S**pecific,
- ☐ **M**easurable,
- ☐ **A**ttainable,
- ☐ **R**elevant (oriented toward achieving the stated goals of the program) and
- ☐ **T**ime-bound

Plans must present a true reflection of the district/campus needs and expectations.

- ☐ Total amount of funds allocated.
- ☐ Actual dollar amounts for activities.

Sample of CIP/DIP Attachment

Do **NOT** upload the entire CIP.
Only the page with Goal,
performance objective, strategy,
and funding source being used for
the purchase.

Goal 1: Focus On Student Success

Performance Objective 1: 1.1 Create and promote engaging learning opportunities that focus on student needs and high-risk populations so that we meet the following goals by August of 2023:



*3rd grade students that meet or exceed grade level proficiency on STAAR Math will increase from 15% to 25%

*3rd grade students that meet or exceed grade level proficiency on STAAR Reading will increase from 17% to 24%

*The percentage of graduates demonstrating college/career/military readiness (CCMR) will increase from 64% to 67%

HB3 Goal

Evaluation Data Sources: Instructional pulse checks, administration walkthroughs, state/local assessments

Strategy 1 Details	Reviews			
	Formative			Summative
	Sept	Dec	Mar	June
<p>Strategy 1: Maximize instructional time to ensure that teachers complete a daily lesson cycle, which includes: a direct teach, guided practice, and an independent/applied practice (check for understanding).</p> <p>Strategy's Expected Result/Impact: To ensure that instructional time is safeguarded, 100% of instructional programs, resources, and partnerships will be evaluated using a Comprehensive Academic Program Evaluation Rubric by June 2022. Based on the findings, programs will be prioritized, modified, or discontinued. The percent of teachers completing a lesson cycle each day will increase from ___% to 100% by September 30, 2022.</p> <p>Staff Responsible for Monitoring: District leadership, district directors and campus administration</p> <p>Results Driven Accountability</p> <p>Funding Sources: Curriculum Resource Review (CR2): Teacher teams across contents and grade levels will meet once per six weeks on a Saturday to review curriculum resources and recommend adjustments and refinements. - Title II Teacher/Principal (255) - \$117,544, Summer Curriculum Updates: Content strategists will work on updating curriculum documents based on 23-24 calendar and district initiatives. - Title I (211) - 211.13.6118.00.933.24.0.CW - \$56,140, Locally Funded Instructional Programs: Istation (\$195,762.60), Edusmart (\$30,400), DBQ Online (\$3,000), STEMscopes (\$30,700), Quest (\$300) - Local (199) - 199.11.6399.XX.XXX.XX.X.XX - \$260,312.60, Federally Funded Instructional Software Programs: Imagine Math - Title I (211) - \$141,000, ESSER III Funded Instructional Resources: Quizziz (\$32,400), mClass Amplify TRC (\$22,115) - ESSER III (282) - \$54,515, ESSER Funded Professional Development: Amplify mClass Data Review for Leaders Professional Development (\$3,000), mClass Data-Informed Instructional Planning for Teachers (\$52,500) - ESSER III (282) - \$55,500, TNTP Contract - State Bilingual Education Allotment - Bilingual (162) - \$382,206, District Wide (PR) - Title I (211) - \$26,315.38, Frogstreet PreK-3 Curriculum Kits - State Comp.(164) - \$13,800, MyOn - Title I (211) - State Comp.(164) - \$110,000, GT Student Supplies - GT (168) - 168.11.6399.00.903.21.0.00 - \$5,300, Student Tuition Non-Public Schools: DHS -</p>				

Periodic Compliance

- Statement that employee worked solely **100%** on activities related to a single cost object.
- Staff funded through 164, 211, & 289 (Federal Programs)
- Staff funded through 162 & 263 (Bilingual Dept. Mr. Arellano)
- Staff funded through 212 (Migrant Mr. Rana)
- Reporting period (*end of each semester or employee last working day*)
- **Requirements:**
 - Employer name, employee name, employee position, description of federal program/single cost objective.
 - If job assignment does not match, reach out to HR.
 - Signed and dated by the employee and supervisor with first-hand knowledge of work performed.
 - Last date of employment must match Job description signature date
 - On certification, the signature dates cannot be before the last date of employment
 - Must be uploaded to Title 1 Crate by deadline for Auditing Purposes
 - 1st Certification – Uploaded to CRATE **3 weeks after** the end of the fall semester – **due January**
 - 2nd Certification – Uploaded to CRATE **1 week after** the end of the spring semester – **due June**



Campus/Department: _____

Funding Source: _____

DONNA INDEPENDENT SCHOOL DISTRICT

COMPLIANCE WITH PERIODIC CERTIFICATION REQUIREMENTS

First Semester 2024-2025

I, _____

hereby certify that for the period of _____ through _____

(1st day employed in Position - Month/Day/Year)

(Last day of employment in Position below Month/Day/Year)

I worked solely as a/an _____ and performed activities and work directly pertaining there to as described on the job description.


Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

1. Sign Job Description and keep a copy of job description for your records.
2. Sign this form and keep a copy for your records.
3. **Originals** are to be uploaded to **Title1 Crate**:

Personnel Assignment Change Form

- First, send form to Human Resources
- Once approved by HR, form will be sent to Federal Programs for funding verification and approval.
- You must receive confirmation of approval **PRIOR TO MOVING PERSONNEL!**
- Once approval is received change will reflect on TEAMS.



DONNA
INDEPENDENT SCHOOL DISTRICT

PERSONNEL ASSIGNMENT CHANGE FORM

Administrator Requesting Change: _____

Employee _____ ID#: _____ PCN: _____

Current Information:
Campus/Dept.: _____ Position: _____
Funding Acct.: _____
Area(s) of certification, as applicable: _____
Supervising Administrator(s): _____

Reassignment Information:
Campus/Department _____ Position _____
Position Requirements: _____
Replacement for: _____ ID# _____ PCN: _____
Reason for Replacement: _____
Funding Acct. #: _____ Effective Date: _____
Supervising Administrator(s): _____
**** NOTE: Job Description must be signed and attached if there is a change in funding and/or position.**


Acknowledgment of Notification by Employee: _____ Date: _____
Program Director Signature _____ Date _____ ☐ Federal Programs ☐ Special Education ☐ Bilingual Program
Program Director Signature _____ Date _____ ☐ Federal Programs ☐ Special Education ☐ Bilingual Program

FOR HUMAN RESOURCES OFFICE USE ONLY: if assignment change requires a change of funding, dept director signatures must be obtained first prior to submission to the HR office.
Signature of Human Resources Designee: _____ Date: _____
☐ Job Description(if needed) ☐ TEAMS Employment Maintenance Screen Revised 12/3/19

--- ONLY ORIGINAL FORMS WILL BE ACCEPTED AT HUMAN RESOURCES TO AVOID DUPLICATES ---

Clothing Referrals

- ☐ Forms must be legible, typed and completed by a campus staff and **NOT** by Parent/Guardian
- ☐ ALL information requested must be completed for auditing purposes
- ☐ Missing information will result in Clothing Referral being returned to the campus and delay the process
- ☐ Use an additional form if more than six children
- ☐ Ensure required signatures are on the form
- ☐ Attach CIP proper year with funding amount
- ☐ Bring originals to our office/send inter-mail.


DONNA INDEPENDENT SCHOOL DISTRICT
 APPLICATION FOR CLOTHING SERVICES
 2024-2025
*****This form must be typed*****

Counselor: In order for student(s) to receive the clothing services, it is necessary that you complete all the information below. Incomplete applications will be returned to you and delay the process.

Father/Guardian's Name:		Present Employment	
Mother/Guardian's Name:			
Home Address:		City/Zip:	
Primary Phone #:	()	Secondary Phone #:	()

	Name of Children in School	Campus	Grade	Student ID	D.O.B.	Office Use Only!
1.						
2.						
3.						
4.						
5.						
6.						

Full name as per TEAMS

Migrant ☐ Title-I ☐ Is/Are child(ren) Homeless?: Yes ☐ No ☐ NSLP: Yes ☐ No ☐

Income: \$ _____ ☐ Weekly ☐ Bi-Weekly ☐ Monthly

House Payment:	\$ _____	Lot Payment:	\$ _____	Rent:	\$ _____
Electricity:	\$ _____	Water:	\$ _____	Gas:	\$ _____
SNAP:	\$ _____	SSI:	\$ _____	TANF:	\$ _____
Other - (specify):	\$ _____				

Signature of Parent

Date

Referred by: _____

Signature of Interviewer:
Campus Principal or Designee

Date:

FOR OFFICE USE ONLY:

Approved ☐ Denied ☐ By: _____ Date: ____/____/____
Director of Federal Programs

Reason for Denial: _____

Other Comments: _____

Technology-Related Expenditures

Title I, Part A funds may be used for technology related items if:

- In Comprehensive Needs Assessment
- In Campus Improvement Plan
- It's Supplemental

What campus procedures are in place to keep track of these items? Ensure you have **room number** and **teacher name** of where the equipment will be housed at all times

Campus must maintain proper/specific inventory (fixed assets)

Cannot dispose of equipment without prior approval from TEA

Can only purchase for core teachers (PE, Music or office staff are not allowed).

All orders should be submitted by January 2025, NO orders will be accepted after.




This form **MUST** be typed!

Federal Programs

Revised : 12/15/2021

CAMPUS		SUBJECT Tutored		 Drop-Down	SUBMITTED Date: _____
GRADE		PROGRAM			

Program Initiative <i>Example : Addressing Learning Loss through High- Impact Tutorials</i>	 Donna Independent School District 2024-2025 District Calendar		the Gap Components: Focus Populations Students Ethnic Economically Disadvantaged Gifted/Bilingual (EL) SpEd Academic Achievement																																										
	Staff Development DISD Convocation Work Day Teacher Driven / No Meetings Planning/No School Team Planning / No PD																																												
Holiday STAAR Testing Bad Weather Day New Teacher Orientation [] End of Six Weeks																																													
8:00 AM - 3:40 PM Elementary School																																													
August 2024 <table border="1"> <tr><th>Su</th><th>Mo</th><th>Tu</th><th>We</th><th>Th</th><th>Fr</th><th>Sa</th></tr> <tr><td></td><td></td><td></td><td></td><td>1</td><td>2</td><td>3</td></tr> <tr><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> <tr><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td></tr> <tr><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td></tr> <tr><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td></tr> </table>				Su	Mo	Tu	We	Th	Fr	Sa					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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Days of Instruction 81,420 ES Instructional Minutes 79,650 HS Instructional Minutes 86,730 HS Instructional Minutes Semester 1 87 days Semester 2 90 days Total Days 177 days																																													

Donna Independent School District Extra-Duty Employment Agreement for Title I & SCE Funded Programs 2024-2025

CAMPUS: _____

I, _____, hereby certify that, for the period consisting of _____, 20____ through _____, 20____, I agree to work for Donna ISD outside my contract hours (*i.e., after hours or on Saturdays*) to perform supplemental activities directly pertaining to the duties selected and described below in specific core academic subjects (*reading, writing, math, science, social studies*). This is an extension of my work agreement with Donna ISD, and I will follow all rules and regulations that are expected of me as part of my regular duties. I agree to provide a time-sheet and other documentation materials as required.

Tutoring (*before or after-school, weekends*):

Teacher students individually or in-groups as determined by the academic needs of the student.

- (*PK-2nd grade require and attendance form*)
- (*3rd grade and higher require Tutoring Sign with students actual signature*)

Employee Signature: _____

Date: _____

Tutorial Services – Current DISD Teachers

Required forms:

- ☐ High-Impact Tutorial-CURRENT FULL-TIME DISD TEACHERS Proposal
- ☐ School Calendar indicating the days that they will be tutoring.
- ☐ List of students/roster
- ☐ “Extra-Duty Employment Agreement Form”
- ☐ List of Tutors/Substitutes
- ☐ CIP/DIP with funding source amounts & referencing the tutorial program

DONNA INDEPENDENT SCHOOL DISTRICT

Attendance Roster 2024-2025

☐ Title I, Part A (After School Tutoring)
☐ Title I, Part A (Rivas After School Tutorial)
☐ Title IV, Part A READY Program
☐ Title IV, Part A ARTES Program
☐ SCE (Saturday Tutoring)
☐ Other _____

Days Holding Sessions

Subject Area

Campus Name

Name of Tutor/Teacher (Full Name)

Pay Period (use dates worked from Payroll Schedule)

Time of Sessions

***It is important that student rosters are completed correctly for accountability and compliance.**

On each session mark student Present with (P) or (A) if absent

Student Id#	Student Name	Grade	Week _____							Week _____							Week _____							Week _____							Week _____						
			M	T	W	T	F	S	M	T	W	T	F	S	M	T	W	T	F	S	M	T	W	T	F	S	M	T	W	T	F	S					
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10																																					

I certify that the above sessions were worked by me in the performance of my duties as a Tutorial Teacher/Program Teacher.

Teacher's Printed Name

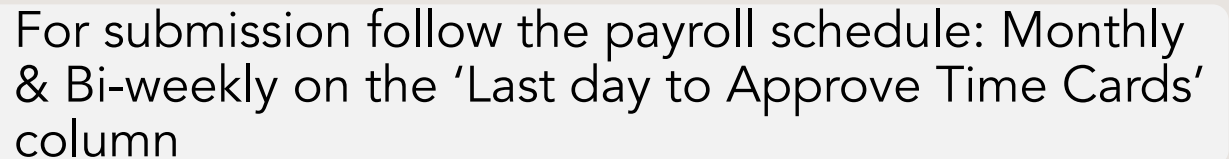
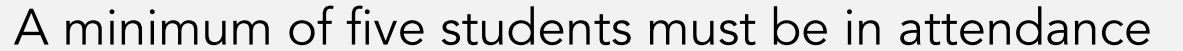
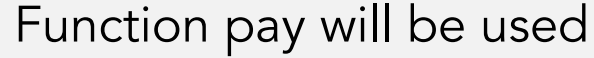
Principal's Printed Name

Teacher's Signature

Principal's Signature

***Total hours worked**

I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims." [2 CFR 200.415 [UGO]]





DONNA INDEPENDENT SCHOOL DISTRICT

116 North 10th Street
Donna, Texas 78537

Request for Contracted Services

Revised: 01/23/2017

Campus/Dept.: _____ Date(s) of Service: _____

Name of Consultant Company: _____

Name of Owner: _____

Name of Presenter(s): _____

Physical Address: _____ City/State/Zip: _____

Mailing Address: _____ City/State/Zip: _____

Phone Number(s): _____ Business: _____ Cell Phone: _____

Name of Project or Activity	Location for Training	No. of Days	Daily Rate	Total
				\$ -
				\$ -
				\$ -

BRIEF DESCRIPTION OF SERVICE TO BE RENDERED:

(Note: Consultants engaged for more than two (2) days are required to submit a formal written report.)

COMPLETE SECTION BELOW, ONLY IF REQUEST FOR CONTRACT SERVICES IS CURRICULUM RELATED.

1. What content area (TEKS) will be addressed?

2. Indicate in a quantitative method how use of this consultant will increase academic outcomes.

(Example 1: Science scores for all students will increase from 65% passing state assessment to 85% passing rate. Example 2: Number of students graduating college ready in ELA will increase from 15% to 50% for this school year.)

3. What follow-up measures will be in place after staff/teachers received this service?

Improvement Plan and identify specific areas that correlate to

Is this presentation/service scientifically based researched (SBR)?

Complete phone number.

Item Code(s)	Amount

Claimed and attachments are true, correct, and complete to the best of the consultant's knowledge. Payment for the amount claimed has not been received.

(Signatures in blue ink for signatures.)

Signatures will NOT be provided until you have received a Purchase Order without a Purchase Order will NOT be paid.

Date

(Signatures in blue ink for signatures!)

Date

Federal and SCE Director
(Only if Federal & SCE Funds are used)

Date

FUNDS AVAILABLE	
YES	NO

Superintendent or Designee

Date

APPROVAL	
YES	NO

Contract Services

- ☐ Contract Services form must be **completely** approved before any work is performed.
- ☐ Must have signature from Federal Programs, if using federal funds.
- ☐ You must bring **originals** to Elva Guerrero in the Federal Programs department.
- ☐ Be careful that you are not being charged for hotel, travel, etc.

Required Items/Forms:

- ☐ 3 quotes
- ☐ Evidenced-based references (new consultant)
- ☐ CIP/DIP with funding source amounts & referencing the contract service
- ☐ Fingerprinting clearance if working with students

Travel Requests



ALL Travel Requests must be submitted at least 2 weeks prior to travel taking place and originals must be brought to Elva Guerrero in the Federal Department office.



Fund 255 is recommended for professional development.



If using Federal funds to pay for travel, the paperwork MUST be submitted to the Federal Programs Office first! (Funds 164, 211, 289 and 255).



Travel using Federal Funds will be on Travel reimbursement form except for registration.



If federal funds are used for trainings/conferences, certificate of attendance must be attached on the requisition (reimbursement) as well as hotel receipt, and credit card statement.



If training was in district, the Eduphoria transcript showing the training attended with date needs to be submitted within a week.

Travel Request Checklist

- Conference meets intent and purpose of grant being used
- Complete typed travel request form with signatures (green form)
 - Expenditure budget matches account code being used
- Complete & signed travel authorization form
 - Meals match number of days of conference
 - Departure/return dates align with agenda/flight
- Detailed program agenda/Itinerary
- Hotel reservation
 - Hotel meets GSA guidelines
- MapQuest for mileage, if traveling in personal vehicle
- Vehicle rental/Flight confirmation and 3 quotes (if applicable)
- Registration confirmation
- CIP/DIP with activity name, fund source, and actual amount
- Complete employee travel reimbursement form

Donna Independent School District
Federal Programs Travel Request Form

The form **MUST** be typed!

Revised: 10/24/2023

☐ Inland
☐ Out-of-State
☐ Virtual

Traveler (Full Name & Role)	Campus	Conference / In Service	Established	How will information be	Fees	Hotel Cost	Meal Expense	Trans. Expense
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Donna Independent School District
Employee Travel Reimbursement Form

(All blue cells must be filled, if applicable)

Name: _____

Travel Dates/Times: Leave Date: _____ Return Date: _____

Destination (City/State): _____

Registration: (Attach Event Registration Form and Schedule)

Meal Expenses - Conference:

DATES	SUN	MON	TUES
Breakfast - \$15.00			
Lunch - \$17.00			
Dinner - \$27.00			

2023-2024 GSA Rate/Hotel Rate

Day	Rate	Amount
Day 1	\$	\$
Day 2	\$	\$
Day 3	\$	\$
Day 4	\$	\$
Day 5	\$	\$
Day 6	\$	\$
Day 7	\$	\$

Fund Code(s) for hotel expenses: _____

Transportation and Other:

Personal Vehicle Mileage: (Google or MapQuest) Round Trip X 0.67 per mile

Car Rental _____

Gas Card _____

Commercial Air Fare _____

Airport Parking _____

Cab Fare _____

Garage Parking _____

(Valet parking is not allowed)

Fees _____

Total Transportation and Other: _____

FUND	FUNCTION	OBJECT	SUB OBJ
XXX	XXX	XXXX	XX

I certify that I have read and accept the terms of this form.

Traveler: _____

Administrator: _____

If paid with Federal Program Director: _____

Please Note: All back-up documents must be submitted.

TRAVELER INFORMATION

Name: _____ Campus/Dept: _____

Account/Funding Code:	Fund	Function	Object	Sub-Obj	Org	Prog Intent
	XXX	XX	XXXX	XX	XXX	XX

TRIP INFORMATION

Travel Dates/Times: Leave Date: _____ Time: _____

Return Date: _____ Time: _____

Destination (City/State): _____ Purpose of Travel: _____

Meals: (Only meals that were not included in the registration fee are allowed)

Dates	Sun	Mon	Tue	Wed	Thurs	Fri	Sat	Allowable per diem \$59.00	Reimbursable Meal Amounts
Breakfast Meals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Lunch Meal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Breakfast: \$15.00 Lunch: \$17.00 Dinner: \$27.00	\$0.00
Dinner Meals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Total Meal Reimbursement									\$0.00

Mileage Allowance: (Only if traveled in personal vehicle and were not prepaid)

Total miles traveled To and From Destination: _____ Mileage Amount: \$ _____

Other Expenses: (Receipts must be attached to this form)

Hotel (Do not include State taxes): \$ _____

Registration Fee (if not prepaid): \$ _____

Airfare (if not pre-paid): \$ _____

Car Rental (if not pre-paid): \$ _____

Other Charges: \$ _____

Other Explanation: _____

☐ Taxi ☐ Baggage

☐ Parking ☐ Supplies

☐ Internet ☐ Other

TOTAL TRAVEL REIMBURSEMENT: \$0.00

CERTIFICATION: I certify that the expenses for which a reimbursement is requested have been fully incurred by me in connection with a previously approved travel request. These expenditures are made in connection with DISD business and to my knowledge have not previously been submitted for payment. I have read and accept responsibility for compliance with the Donna ISD Travel Guidelines.

Employee's Signature: _____ Date: _____

Principal/Director: _____ Date: _____

Revised: 04-09-2024

