

**Mt Edgecumbe High School
Travel Reconciliation - Lead Traveler**

Please complete this form and turn it into Betsy Mullich in the business office within 5 business days of your return. ***All receipts are the responsibility of the Lead Traveler, and must accompany this form in order for travel to be cleared and reimbursements processed.***

TA #	Lead Traveler:
State Employee?	Employee #
Is any of this travel paid for by a third party? (SEATECH, UAF, UAS, FEA, etc.)	
If yes, please explain.	
Destination:	
Dates of Travel:	
Additional Adult Travelers travelling under the same TA #?	
If yes, please list names here.	
Does this travel include any Personal Travel Deviations? If so, please give brief description:	

LEAD or SINGLE Traveler only:

Lodging:

- Check box if all receipts are attached (professional lodging only).
- No receipt- list why:

Ground Transportation (including fuel):

- Check box if all receipts are attached.
- No receipt- list why:

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Lead Traveler: Please specify dates of non-commercial lodging, and/or dates of any meals provided at no cost to MEHS Chaperones/Coaches.

Date	NC Lodging? (Description/Location)	B	L	D

Lead Traveler: List any purchases you made with a state credit card issued in your name.

Purchase or vendor	Receipt?	If no receipt, provide further description of purchase, need, and reason for no receipt.

Lead Traveler: List any purchases you made with a personal credit card and are submitting for reimbursement:

Purchase or vendor	Receipt ?	If no receipt, provide further description of purchase, need, and reason for no receipt.

Lead Traveler: List below ALL changes that were made to itinerary, lodging, or transportation AFTER initial travel request was made. Please note any other pertinent travel details regarding your trip that may help expedite payment.

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Additional Adult Traveler: MUST complete this page and return to Lead Traveler when complete.

Name:	State Employee?	Employee #
Dates of Travel:		
Destination:		

Check box if any commercial lodging was in your name. Please attach receipt(s).

Check box if any rental vehicles were in your name. Please attach receipt(s).

List any purchases you made with a state credit card issued in your name:

Purchase or vendor	Receipt?	If no receipt, provide further description of purchase, need, and reason for no receipt

List any purchases you made with a personal credit card that you are submitting for reimbursement:

Purchase or vendor	Receipt ?	Reason for purchase

Additional Information: