

**TEXAS CITY ISD
TRAVEL ADVANCE WITHHOLDING AUTHORIZATION**

In consideration for the District issuing a travel advance to me for travel on District related/sponsored business, I execute this authorization. This authorization specifically allows the District to withhold from my paycheck any amount of the travel advance that is not accounted for with the appropriate documentation / receipts and the returned, unused travel advance.

By executing this authorization, I understand and agree to the following:

1. I am being provided a travel advance from the District in the amount of \$ _____ for the purpose of traveling to the following District related / sponsored event(s):

Event _____

Event dates _____ Return date _____
2. I understand I am solely responsible for providing the District with **detailed receipts** supporting the use of the travel advance within 7 business days of my return from the travel;
3. If students will be individually provided their meal money, I understand I am solely responsible for providing the District a **log** with the students' names, the amount of meal money, and the students' signatures for funds received;
4. I understand I am responsible to return the entire **unused** portion of the travel advance, if any, to the District within 7 business days of my return from the travel;
5. I understand that the student meal advancement should not be used to pay for employee meals;
6. I understand I am responsible to return within 7 business days all backup documentation / receipts with any unused portion of the travel advance to the District and if I fail to do so, the District will withhold any and all amount(s) not supported by backup documentation / receipts or cash from my next paycheck up to and including the entire amount of \$ _____.

I, _____, specifically authorize the District to withhold any amount of **Employee name printed** the travel advance not supported by the appropriate documentation / receipts and the unused portion of the travel advance from my next paycheck, up to and including the entire amount of \$ _____, the travel advance amount I received from the District. This authorization is only effective in the event I fail to provide the required documentation / receipts and the unused portion of the travel advance to the District within the 7 business days set forth in this authorization.

District Employee Signature	Date
Administrator	Date

To be completed in the business office by payee at the time check is released.

Received check # _____ Pickup Signature _____ Date _____

Cash Returned _____ Total Receipts or Student Signatures _____

Employee Return Signature _____ Return Date _____