

BIRDVILLE ISD TRAVEL CASH LOG

Event: _____ Date of Event: _____

	Number	Total
Check		

	Number	Total	Returned	
\$100's				Student/Chaperone Signatures
\$50's				Receipts
\$20's				
\$10's				
\$5's				
\$1's				
Cents				

To be completed upon return by Department

The above amount will be distributed as follows:

\$ _____ To Students and Chaperones for _____ \$ _____ per Student/Chaperone

\$ _____ To cover cost of group meals

\$ _____ Other (describe) _____

\$ _____ Total

The student signature page(s), this log, receipts and remaining cash must be returned to the Department within 1 business day of returning to the District.

Check #	Expense	Vendor	Amount	Receipt Y/N
Date	Cash Expense	Vendor	Amount	Receipt Y/N

Continued on back

By Signing below, I agree to the amount identified above and have received noted checks. I understand that I am responsible for all funds. I will return all remaining funds and back up paperwork to the Department within 1 business day of the group's return.

Signature of Responsible Party

Department Signature

Date of Receipt

To complete upon return: *I attest the return amount to be true and correct.*

Signature of Returner

Department Signature

Date of Return

Check #	Expense	Vendor	Amount	Receipt Y/N

Date	Cash Expense	Vendor	Amount	Receipt Y/N