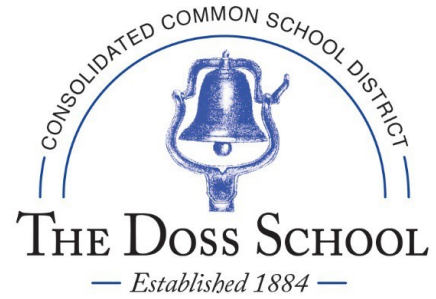


Doss CCSD Employee Leave Request



- Discretionary Leave: Submit this form for approval prior to the requested absence from duty. Form must be submitted immediately upon return for all other leave.
- Other Types of Leave: Submit this form upon return from leave.
- Absences of five (5) or more consecutive days for personal or family illness must have a written statement from a health care practitioner attached.
- Leave requests will be granted and recorded in accordance with board policy DEC unless employee indicates a different order below.

Name		Date	
Reason for Absence		Date(s) of Absence	Total Hours Absent
<input type="checkbox"/> Personal illness or medical appointment Is illness or injury work-related? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Illness or medical appointment in family <i>Specify relationship:</i>			
<input type="checkbox"/> Death in family <i>Specify relationship:</i>			
<input type="checkbox"/> Emergency <i>Specify:</i>			
<input type="checkbox"/> Professional Business <i>Describe or Name:</i>			
<input type="checkbox"/> Jury duty or subpoena (attach documents)			
<input type="checkbox"/> Personal Business			
<input type="checkbox"/> Compensatory Time			
<input type="checkbox"/> Other			
Employee Signature		Date	
Supervisor Signature		Date	
Leave Status: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
For Office Use Only:			
Category and amount of leave recorded:			
<input type="checkbox"/> State personal leave _____ hours	<input type="checkbox"/> State sick leave _____ hours		
<input type="checkbox"/> Local leave _____ hours	<input type="checkbox"/> Family and medical leave _____ hours		
<input type="checkbox"/> Temporary disability _____ days	<input type="checkbox"/> Assault leave _____ hours/days		
		<input type="checkbox"/> Other:	

**INSTRUCTIONAL RESOURCES EFD
FIELD TRIPS (EXHIBIT A)**



**DOSS CCSD
FIELD TRIP REQUEST**

Date of Field Trip: _____

Destination of Field Trip: _____

Instructional purpose of field trip and its relationship to the curriculum:

Teacher/Sponsor (and organization): _____

Number of Students: _____ **Number of Adults:** _____

Departure Time: _____ a.m. or p.m. (*circle one*)

Return Time: _____ a.m. or p.m. (*circle one*)

Transportation Requested: _____

Driver Requested: _____

Date of Request: _____

Signature of Requestor: _____

For Office Use Only:

Approved: _____ Disapproved: _____ Supervisor: _____

INSTRUCTIONAL RESOURCES EFD
FIELD TRIPS (EXHIBIT B)



DOSS CCSD
FIELD TRIP ITINERARY

Date of Field Trip: _____

Departure Time/Place: _____

Return Time/Place: _____

Destination of Field Trip: _____

Purpose of Field Trip:

Special Instructions:

Sponsor(s)/Contact Information:

Name(s): _____

Email: _____ **Phone:** _____

For Office Use Only: Sponsor Must Attach a List of Students Taking Trip

Itinerary Approved: _____

Emailed Parents/Guardians : _____



Doss CCSD
P.O. Box 50
Doss, TX 78618

2021-2022 Travel Reimbursements

District Travel Consideration	Student and Staff Non-Overnight	Staff and Key Officials Overnight Travel
Mileage	58 cents per mile	58 cents per mile
Lodging	Not Applicable	Up to \$94.00 1
Meals	Up to \$36.00	Up to \$55.00
Meal Breakdown	Breakfast: \$10.00 Lunch: \$12.00 Dinner: \$14.00	Breakfast: \$14.00 Lunch: \$16.00 Dinner: \$25.00

Student Day Trip:

Receipt required for meals at the rates listed in the chart above.
 Special requests must be approved by Administrative Consultant.
 Staff traveling with students or for non-overnight use student rate.

Employees:

Day Trips: Receipts for reimbursement based on meal breakdown.
Overnight Trips: Meal receipts must be submitted upon return from trip.
 Staff traveling without students overnight use the staff/key official rates.

Travel Note:

Rates: Student and all other district rates are set as listed in the chart.
1 In high rate areas the Administrative Consultant may authorize a rate no higher than those posted by the Texas State Comptroller.

Contact the following with questions:

Administrative Assistant
 (830) 669-2411

Administrative Consultant
 (830) 669-2411

Recommendation and Source:

Texas Comptroller of Public Accounts, Window on State Government
<https://fmx.cpa.state.tx.us/fm/travel/travelrates.php>

2021-2022

Doss Consolidated Common School District
Employee/Key Official Travel Request

Employee/Official Name _____

Address _____ City _____ Zip _____

Budget Code _____

Purpose of Travel: _____

Date/Dates: _____

Time of Departure: _____ am/pm Time of Return: _____ am/pm

Meal Reimbursements: To qualify for meals, claimant must depart by 6:00 a.m. for breakfast, 10:00 a.m. for lunch, and return no earlier than 8:00 p.m. for dinner.

_____ Breakfast @ \$14.00 \$ _____

_____ Lunch @ \$16.00 \$ _____

_____ Dinner @ \$25.00 \$ _____

Mileage Reimbursement:

_____ miles at 58 cents per mile \$ _____

Total Reimbursement Claim \$ _____

Employee Signature/Date

Administrative Consultant/Date

NOTE:

2021-2022

Doss Consolidated Common School District
Student/Employee Non-Overnight Travel Request

Extracurricular Activity/Event _____

Budget Code: _____

Purpose of Travel: _____

Date/Dates: _____

Time of Departure: _____ am/pm Time of Return: _____ am/pm

Meal Reimbursements: To qualify for meals, claimant must depart by 6:00 a.m. for breakfast, 10:00 a.m. for lunch, and return no earlier than 8:00 p.m. for dinner.

_____ Breakfast @ \$10.00 \$ _____

_____ Lunch @ \$12.00 \$ _____

_____ Dinner @ \$14.00 \$ _____

Meal Reimbursement Claim \$ _____

Claim _____ X No. Students _____ = \$ _____

Attach an itinerary and/or list of sponsors and students attending event.

Sponsor Signature/Date

Administrative Consultant/Date

NOTE:

TEXAS SALES AND USE TAX EXEMPTION CERTIFICATION

Name of purchaser, firm or agency

Doss Consolidated Common School District

Address (Street &

P.O. Box or Route number)

Phone (Area code and number)

PO Box 50

11431 Ranch Road 648

830-669-2411

City, state, ZIP code

Doss, TX 78618

I, the purchaser named above, claim an exemption from payment of sales and use taxes (for the purchase of taxable items described below or on the attached order or invoice) from:

Seller:

Street address:

City, State, ZIP code:

Description of items to be purchased or on the attached order or invoice:

Purchaser claims this exemption for the following reason:

Educational Institution (Public School)

74-2375213

I understand that I will be liable for payment of all state and local sales or use taxes which may become due for failure to comply with the provisions of the Tax Code and/or all applicable law.

I understand that it is a criminal offense to give an exemption certificate to the seller for taxable items that I know, at the time of purchase, will be used in a manner other than that expressed in this certificate, and depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.

Purchaser here

Date

Texas Hotel Occupancy Tax Exemption Certificate

Provide completed certificate to hotel to claim exemption from hotel tax. Hotel operators should request a photo ID, business card or other document to verify a guest's affiliation with the exempt entity. Employees of exempt entities traveling on official business can pay in any manner. For non-employees to be exempt, the exempt entity must provide a completed certificate and pay the hotel with its funds (e.g., exempt entity check, credit card or direct billing). This certificate does not need a number to be valid.

Name of exempt entity Doss Consolidated Common School District	Exempt entity status (Religious, charitable, educational, governmental) Educational
Address of exempt organization (Street and number) Mailing: P.O. Box 50 Physical: 11431 Ranch Road 648	
City, State, ZIP code Doss, TX 78618	

Guest certification: I declare that I am an occupant of this hotel on official business sanctioned by the exempt organization named above and that all information shown on this document is true and correct. I further understand that it is a criminal offense to issue an exemption certificate to a hotel that I know will be used in a manner that does not qualify for the exemptions found in the hotel occupancy tax and other laws. The offense may range from a Class C misdemeanor to a felony of the second degree.

Guest name (Type or print)	Hotel name
Guest signature sign here	Date

Exemption claimed

Check the box for the exemption claimed. See Rule 3.161: Definitions, Exemptions, and Exemption Certificate.

- United States Federal Agencies or Foreign Diplomats.** Details of this exemption category are on back of form. This category is exempt from state and local hotel tax.
- Texas State Government Officials and Employees.** (An individual must present a Hotel Tax Exemption Photo ID Card). Details of this exemption category are on back of form. This limited category is exempt from state and local hotel tax. Note: State agencies and city, county or other local government entities and officials or employees are not exempt from state or local hotel tax, even when traveling on official business.
- Charitable Entities.** (Comptroller-issued letter of exemption required.) Details of this exemption category are on back of form. This category is exempt from state hotel tax, but not local hotel tax.
- Educational Entities.** Details of this exemption category are on back of form. This category is exempt from state hotel tax, but not local hotel tax.
- Religious Entities.** (Comptroller-issued letter of exemption required.) Details of this exemption category are on back of form. This category is exempt from state hotel tax, but not local hotel tax.
- Exempt by Other Federal or State Law.** Details of this exemption category are on back of form. This category is exempt from state and local hotel tax.

Permanent Resident Exemption (30 consecutive days): An exemption certificate is not required for the permanent resident exemption. A permanent resident is exempt the day the guest has given written notice or reserves a room for at least 30 consecutive days and the guest stays for 30 consecutive days, beginning on the reservation date. Otherwise, a permanent resident is exempt on the 31st consecutive day of the stay and is not entitled to a tax refund on the first 30 days. Any interruption in the resident's right to occupy a room voids the exemption. A permanent resident is exempt from state and local hotel tax.

Hotels should keep all records, including completed exemption certificates, for four years.

Do NOT send this form to the Comptroller of Public Accounts.

Doss Consolidated Common School District

PURCHASE or REIMBURSEMENT REQUEST

Date: _____ **PO#** _____

Vendor:
 Name
 Address
 Address
 Phone/Fax

Ship To: Doss CCSD
 11431 Ranch Road 648
 Doss, TX 78618
 830-669-2411

Payment Method: Purchase Order
 School Credit Card
 Personal Credit Card or Cash

Qty.	Item #	Description of Supplies or Materials	Unit Price	Item # Total
Subtotal				
Discount				
Shipping & Handling				
Total				

Submitted By/Date: _____

Office Use Below:

Item #	Account Number Charged	Line Total

APPROVED BY :

	Date

Requisition must be submitted for approval prior to any purchase!