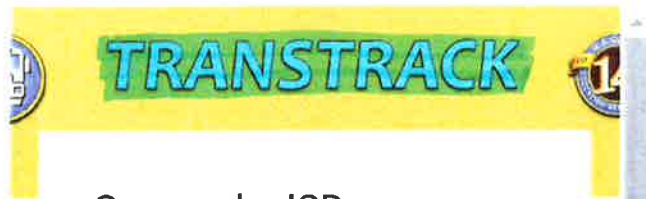


Procedures for Workshops/Conferences

1. Go to www.comancheisd.net and fill out a **TRANSTRACK** form for approval from your principal and superintendent.
 - a. Staff tab
 - b. Secure staff login
 - c. Login: _____ and password: _____
 - d. COMANCHE ISD APPS SERVICES
 - e. TRANSTRACK and complete the form
2. If approved, submit a **PO Request Form** for all expenses, if needed. Login to the Comanche ISD website at www.comancheisd.net . Complete a PO Request Form for each vendor and if you use the school credit card the vendor will be Visa-Commerce Bank. **(see attached form)**
 - a. Financial Transparency
 - b. Forms
 - c. Click on PO Request Form
 - d. Fill out PO Request Form(complete a form for each vendor)
 - i. Conference/Workshop Fees
 - ii. Lodging Expense
 - iii. Meal Expenses - \$36 per day (Only for overnight travel)
 - e. Print form(s) and submit to campus secretary
3. After PO's are approved, register for the conference/workshop.
4. After PO's are approved, make lodging reservations.
 - a. Make reservations with your campus principal's school credit card or your personal credit card for the conference for the lodging.
5. Complete a **TIMESAWAY** for the days you will be absent.
6. If lodging is required, get a school credit card prior to departure or plan on using your own credit card and being reimbursed. Remember you must have a credit card for incidentals at most major hotels when checking in.
7. Pick up a **Hotel Tax Exempt** form before leaving for the conference. **(see attached form)**
8. After returning from the conference, complete a **Travel Reconciliation Form** and submit to the Business Office. Go to www.comancheisd.net :
 - a. Financial Transparency Tab
 - b. Forms
 - c. Click on **Travel Reconciliation Form**
 - d. Complete form and attach original receipts and submit to the Business Office for reimbursement or for payment to the Visa card. **(see attached form)**



Comanche ISD

Travel Approval Form & Transportation Request

Your email address
(kherring@comancheisd.net) will be recorded
when you submit this form. Not you? [Switch
account](#)

* Required

Name *

Choose

Campus *

Choose

Phone Number

Your answer

Conference Name *

Complete name of conference, workshop,
activity, event, etc. (No Abbreviations please)

Your answer

Trip Reason *

Choose

Core Subject Event *

Yes

No

Comments

MY TRANSTRACK
TECHNOLOGY
TRANSTRACK
TRANSP TRANSTRACK
TRANSPORTATION
DEPARTMENT

SITEMAP

MY TRANSTRACK
TECHNOLOGY
TRANSTRACK
TRANSP TRANSTRACK
TRANSPORTATION
DEPARTMENT

SITEMAP

Destination City *

Please enter city only, no commas or periods.

Your answer

Destination Location *

Example: Region 14 ESC, Civic Center, Post Office, etc.

Your answer

Departure Date and Time *

Please designate AM/PM

Date

mm/dd/yyyy

Time

: AM ▾

Return Date and Time *

Please designate AM/PM

Date

mm/dd/yyyy

Time

: AM ▾

Transportation Method *

Mileage paid on personal vehicles ONLY if a school vehicle is NOT available. Use 'No Vehicle Needed' when traveling with others. SUBMIT A SEPARATE REQUEST FOR EACH VEHICLE/BUS NEEDED.

- School_Vehicle
- School_Bus
- Personal_Vehicle
- No_Vehicle_Needed

**Total Number of Students
Traveling ***

Enter TOTAL NUMBER OF STUDENTS and LIST ANY SPECIAL REQUIREMENTS (example - wheelchair accessible)

Your answer

MY TRANSTRACK

TECHNOLOGY
TRANSTRACK

TRANSP TRANSTRACK

TRANSPORTATION
DEPARTMENT

SITEMAP



TRANSTRACK



Comanche ISD

Your email address (kherring@comancheisd.net) will be recorded when you submit this form. Not you? [Switch account](#)

* Required

Reporting Requirements

Reporting Campus *

- Administration
- High School
- Junior High
- Elementary
- Head Start

[BACK](#)

[NEXT](#)

Never submit passwords through Google Forms.

This form was created inside of Comanche Independent School District Report Abuse - Terms of Service - Additional Terms

Google Forms

SUBPAGES (11): ADMIN TRANSTRACK CAFETERIA TRANSTRACK ELEM TRANSTRACK HD ST TRANSTRACK HS TRANSTRACK JH TRANSTRACK MAINT TRANSTRACK MY TRANSTRACK TECHNOLOGY TRANSTRACK TRANSPORTATION DEPARTMENT TRANSP TRANSTRACK

Comments

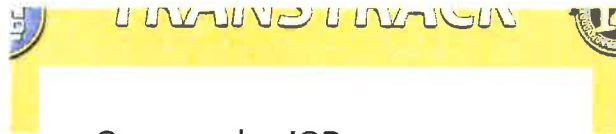
MY TRANSTRACK

TECHNOLOGY
TRANSTRACK

TRANSP TRANSTRACK

TRANSPORTATION
DEPARTMENT

SITEMAP



Comanche ISD

Your email address
(kherring@comancheisd.net) will be recorded
when you submit this form. Not you? [Switch
account](#)

District (Administration) Reporting

Use this link to refer to the District
Improvement Plan:

<https://drive.google.com/a/comancheisd.net/file/d/0ByRXD1di98E6WENfYm1DaWZZQkk/view?usp=sharing>

DIP Goal 1

Achieve excellence and equity in all educational
programs and activities.

- Obj 1: STAAR, 5% decrease in
disparity
- Obj 2: attendance rate 97%+
- Obj 3: ELL participation rates in
STAAR, Science, Soc Studies
- Obj 4: not exceed federal limits,
alternative assessments.
- Obj 5: Exemplary Status, HS
Completion Rates
- Obj 6: Planning process,
educating students with
disabilities

DIP Goal 2

Provide a safe, positive environment for
students to learn and staff to teach;

- Obj 1: District's Emergency
Operation Plan

SUBPAGES (11): ADMIN TRANSTRACK CAFETERIA TRANSTRACK ELEM
TRANSTRACK HD ST TRANSTRACK HS TRANSTRACK JH TRANSTRACK
MAINT TRANSTRACK MY TRANSTRACK TECHNOLOGY TRANSTRACK
TRANSPORTATION DEPARTMENT TRANSP TRANSTRACK

Comments

MY TRANSTRACK

TECHNOLOGY
TRANSTRACK

TRANSP TRANSTRACK

TRANSPORTATION
DEPARTMENT

SITEMAP

Obj 5: skills for promotion from
1st to 2nd grade

Obj 6: summer STAAR
remediation

Obj 7: effective learning and
study skills

Obj 8: receive attention and
interventions

Obj 9: Receive attention and
interventions

Obj 10: homework assistance
and tools at home

Obj 11: core credits for on-time
graduation

Obj 12: make up coursework

Obj 13: summer migrant
programs

Obj 14: Make up coursework

DIP Goal 7

Address PBMAS Indicator Code 6 for high percentage of Special Education students taking STAAR Alternative Test and Indicator Code 16 for over representation of Special Education students in Comanche ISD.

Obj 1: Indicator Code 6 - Evaluate
special education students

Obj 2: Indicator Code 16 -
Intensive alternative programs

District Budget Codes

Which budget is this money coming from specifically? This information may be obtained from campus principal or secretary.

Your answer

SUBPAGES (11): ADMIN TRANSTRACK CAFETERIA TRANSTRACK ELEM
TRANSTRACK HD ST TRANSTRACK HS TRANSTRACK JH TRANSTRACK
MAINT TRANSTRACK MY TRANSTRACK TECHNOLOGY TRANSTRACK
TRANSPORTATION DEPARTMENT TRANSP TRANSTRACK

Comments

Comanche ISD

PO# Assigned: _____

Purchase Order Request Form

Vendor Name: _____

Address: _____

City: _____ **State** _____ **Zip** _____

Phone # _____ **Fax #** _____

Employee Name: _____

Title _____

Ship To: Please circle address below for order to be shipped to



Comanche Elementary
308 FM 3381
Comanche, TX 76442
Attn: _____

Comanche Junior High
1 Valley Forge Drive
Comanche, TX 76442
Attn: _____

Comanche High School
1600 North Austin
Comanche, TX 76442
Attn: _____

Comanche Early Childhood Center
200 East Highland
Comanche, TX 76442
Attn: _____

Comanche ISD
200 East Highland
Comanche, TX 76442
Attn: _____

Item #	Description	Quantity	Unit Price	Total
*****Federal Funds & State Mandated Funds***** Must identify strategy from District Improvement Plan/Campus Improvement Plan _____ _____ _____				Subtotal
				Shipping
				Miscellaneous
				Total

Expenditure Code _____
Expenditure Code _____
Expenditure Code _____
Expenditure Code _____

\$ _____
\$ _____
\$ _____
\$ _____

Name: *

Select your name from the drop down list.

Choose ▼

Campus: *

Please select from the list.

Choose ▼

Position: *

Administrator

Teacher

Support Staff

Start Date of Absence: *

Date

mm/dd/yyyy

End Date of Absence: *

Date

mm/dd/yyyy

Request Type *

Only use 'Update' or 'Cancel' when editing a pre-populated form.

New

Update

Cancel

NEXT ▼

SUBPAGES (23): [VIEW ALL](#)

Comments

You do not have permission to add comments.

Event Details: *

State personal or list name of school event, workshop, etc.

Your answer

Substitute Teacher Needed? *

Yes

No

Substitute choice 1

Optional: You may request specific sub preference if available.

Choose ▼

Substitute choice 2

Optional: You may request specific sub preference if available.

Choose ▼

Send me a copy of my responses.

[BACK](#)

[SUBMIT](#)

Never submit passwords through Google Forms.

SUBPAGES (23): [VIEW ALL](#)

Comments

You do not have permission to add comments.

TEXAS HOTEL OCCUPANCY TAX EXEMPTION CERTIFICATE



NOTE: This certificate is for business only, not to be used for private purposes, under penalty of law. The hotel operator may request a government ID, business card or other identification to verify exemption claimed. Certificate should be furnished to the hotel or motel. DO NOT send the completed certificate to the Comptroller of Public Accounts. The certificate does not require a number to be valid. Refer to Hotel Rule 3.161 for exemptions.

Check exemption claimed:

- United States government or Texas government official exempt from state, city, and county taxes.** Includes US government agencies and its employees traveling on official business, Texas state officials or employees who present a Hotel Tax Exemption Photo Identification Card, and diplomatic personnel of a foreign government who present a Tax Exemption Card issued by the US Department of State.
- Religious, charitable, or educational organization or employee exempt from state tax only.** Educational organizations include school districts, private or public elementary and secondary schools, and Texas institutions of higher education as defined in Section 61.003, Texas Education Code. Beginning October 1, 2003, non-Texas institutions of higher education (public and private universities, junior colleges, community colleges) must pay the state hotel occupancy tax. Religious and charitable organizations must hold a letter of exemption issued by the Comptroller of Public Accounts to claim the exemption.
- Other. Organization exempt by law other than Chapter 156, Tax Code.** Specify reason for exempt status below. **Supporting Documentation Required.**

Name of exempt organization Comanche ISD	Organization exempt status (Religious, charitable, educational, governmental) Educational
Address of exempt organization (Street and number, city, state, ZIP code) 200 East Highland, Comanche, TX 76442	

GUEST CERTIFICATION: I declare that I am an occupant of this hotel/motel on official business sanctioned by the exempt organization named above and that all information shown on this document is true and correct.

Guest name (Please print)

sign here ▶	Date
--------------------	------

FOR HOTEL/MOTEL USE ONLY (OPTIONAL)

Name of hotel/motel				
Address of hotel/motel (Street and number, city, state, ZIP code)				
Room rate	Local tax	Exempt state tax	Amount paid by guest	Method of payment

You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. To review or correct your state tax-related information, contact the Texas State Comptroller's office.

Hotels may require verification before accepting a hotel occupancy tax exemption certificate. An organization may qualify for hotel occupancy tax exemption even when it does not have a Comptroller's letter of hotel tax exemption or cannot be found on the Comptroller's list of exempt organizations. Some examples include churches, public schools and community colleges.

You may need to pay the tax until verification of hotel tax exemption can be obtained from the Comptroller's office. You can apply to the hotel for a refund or credit.

A list of charitable, educational, religious and other organizations that are exempt from state and/or local hotel tax is online at http://window.state.tx.us/taxinfo/exempt/exempt_search.html. Other information about Texas tax exemptions, including applications, is online at <http://window.state.tx.us/taxinfo/exempt/index.html>.

You can also send an e-mail to exempt.orgs@cpa.state.tx.us or call (800) 252-1385.

Comanche ISD Travel - Reconciliation Form

Date: _____
 Employee Name: _____
 Address: _____
 City, State, Zip: _____

Conference/Workshop _____

Dates Attended: _____
 Used School Credit Card PO#(s) _____
 Advanced Payment w/Ck# _____
 Needs Reimbursed PO# _____

Date	Vendor	\$	Vendor	\$	Vendor	\$	Meal Maximum Per Day \$36
**Tips are an unallowable cost with Federal monies							
		\$		\$		\$	\$
		\$		\$		\$	\$
		\$		\$		\$	\$
		\$		\$		\$	\$
		\$		\$		\$	\$
		\$		\$		\$	\$
		\$		\$		\$	\$
		\$		\$		\$	\$
	\$		\$		\$		\$

Lodging-Attach Copy of State Rate for Area				http://www.gsa.gov/portal/category/21287	
Date	# in Room	# Nights	State Rate	Vendor	Total
			\$		\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
Total Lodging					\$

Miscellaneous Expenses			
Date	Description	Vendor	Total
			\$
			\$
			\$
			\$
			\$
			\$
Total Miscellaneous			\$
Grand Total			\$