



CONROE
INDEPENDENT
SCHOOL DISTRICT

Travel Report

Report Period: 10/01/25 to 10/31/25

Name: Jillian Daigle

Vendor Number: 40000076

Purchase Order #: 26001297

Department: VI Hauke

Date	Start Location	Destination	Amt	Note
10/01/25	Houser Elementary	Hauke/T.R.A.I.L.S.	20.08	
10/01/25	Hauke/T.R.A.I.L.S.	Austin Elementary	15.75	
10/01/25	Austin Elementary	Hauke/T.R.A.I.L.S.	15.03	
10/02/25	Wilkinson Elementary	Hauke/T.R.A.I.L.S.	8.24	
10/02/25	Hauke/T.R.A.I.L.S.	Student Home	9.45	
10/02/25	Student Home	Hauke/T.R.A.I.L.S.	11.39	
10/03/25	Anderson Elementary	Student Home	9.80	
10/07/25	Runyan Elementary	Reaves Elementary	11.50	
10/07/25	Reaves Elementary	Hauke/T.R.A.I.L.S.	10.22	
10/07/25	Hauke/T.R.A.I.L.S.	Austin Elementary	15.30	
10/07/25	Austin Elementary	Hauke/T.R.A.I.L.S.	15.00	
10/08/25	Houston Elementary	Anderson Elementary	5.47	
10/08/25	Hauke/T.R.A.I.L.S.	Austin Elementary	15.75	
10/08/25	Austin Elementary	Hauke/T.R.A.I.L.S.	14.00	
10/09/25	Houser Elementary	Student Home	25.59	
10/09/25	Student Home	Austin Elementary	25.45	
10/09/25	Austin Elementary	Hauke/T.R.A.I.L.S.	17.45	
10/14/25	Anderson Elementary	Houston Elementary	10.02	
10/14/25	Houston Elementary	Hauke/T.R.A.I.L.S.	6.94	
10/14/25	Hauke/T.R.A.I.L.S.	Austin Elementary	15.93	
10/14/25	Austin Elementary	Hauke/T.R.A.I.L.S.	15.99	
10/15/25	Oak Ridge H/Houser E	Austin Elementary	23.96	
10/15/25	Austin Elementary	Hauke/T.R.A.I.L.S.	37.56	
10/17/25	Hauke/T.R.A.I.L.S.	Student Home	8.78	
10/17/25	Student Home	Student Home	5.41	
10/21/25	Houston Elementary	Student Home	10.90	
10/21/25	Student Home	Hauke/T.R.A.I.L.S.	9.27	
10/21/25	Hauke/T.R.A.I.L.S.	Austin Elementary	15.35	
10/21/25	Austin Elementary	Hauke/T.R.A.I.L.S.	17.02	
10/22/25	Runyon Elementary	Reaves Elementary	13.97	
10/22/25	Reaves Elementary	Hauke/T.R.A.I.L.S.	10.57	
10/22/25	Hauke/T.R.A.I.L.S.	Austin Elementary	16.27	
10/22/25	Austin Elementary	Hauke/T.R.A.I.L.S.	10.94	
10/23/25	Houser Elementary	Austin Elementary	29.45	
10/23/25	Austin Elementary	Hauke/T.R.A.I.L.S.	39.19	



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Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____