

TRAVEL REQUEST

NAME: _____

DATE: _____

DESTINATION: _____

DATE LEAVING/RETURNING: _____ / _____

REASON: _____

TIME LEAVING/RETURNING: _____ / _____

EXPENSES:

MEALS:

- ADULTS ONLY:

_____ Breakfast(s) not to exceed \$ 8.00 \$ _____
_____ Lunch(es) not to exceed \$10.00 \$ _____
_____ Dinner(s) not to exceed \$12.00 \$ _____

- STUDENTS ONLY:

_____ Breakfast(s) not to exceed \$ 6.00 \$ _____
_____ Lunch(es) not to exceed \$ 7.00 \$ _____
_____ Dinner(s) not to exceed \$ 8.00 \$ _____

SUBTOTAL MEALS \$ _____

TRANSPORTATION:

_____ Miles @ \$.55/Mile \$ _____
Parking \$ _____
Other (explain) _____ \$ _____

SUBTOTAL TRANSPORTATION \$ _____

OTHER EXPENSES:

Registration Charges \$ _____
Field Trip Fees \$ _____
Membership Dues \$ _____
Other _____ \$ _____

SUBTOTAL OTHER EXPENSES \$ _____

LODGING: Make Check Payable to: _____

_____ room(s) @ \$ _____ per night X _____ night(s) \$ _____

TOTAL EXPENSES: \$ _____

BUDGET ACCOUNT NUMBER(S): _____ \$ _____
_____ \$ _____

NOTE: IF APPLICABLE, ALL MEAL RECEIPTS, LODGING RECEIPTS AND/OR EXCESS MONEY MUST BE RETURNED TO THE BUSINESS OFFICE IMMEDIATELY FOLLOWING YOUR RETURN.

TOTAL AMOUNT ADVANCED BY DISTRICT \$ _____

TOTAL ACTUAL EXPENSES \$ _____

BALANCE DUE FACULTY MEMBER OR DISTRICT \$ _____

FACULTY/STAFF SIGNATURE

PRINCIPAL/SUPERVISOR SIGNATURE

SUPERINTENDENT SIGNATURE

EXECUTIVE DIRECTOR OF FINANCE SIGNATURE

AFTER REQUISITION ENTRY, FORWARD ORIGINAL TRAVEL REQUEST FORM WITH SIGNATURES TO THE BUSINESS OFFICE.