

**TRAVEL REQUEST
NON-OVERNIGHT TRAVEL**

Conference/Workshop Name: _____
(attach course description or brochure)

Location of event: _____

Date of event: _____

Attendee(s): 1) _____
2) _____
3) _____
4) _____

Registration fee: _____ \$

Organization: _____

Address: _____

Transportation (check one):

Mileage reimbursement: _____ (roundtrip) x 0.45 = _____ \$
(mileage will be reimbursed for 1 vehicle for every 4 attendees; go to maps.google.com to calculate your mileage. Specific directions are available at www.sabine.esc7.net/finance.html)

Employee to receive mileage: _____
OR

School vehicle(s) will be used. Fuel cards will be needed.

Budget Code

(Object code will be 6412 if students are traveling; otherwise use 6411)

If students are traveling and meal money is to be provided, please complete:
(Employees not traveling with students may be reimbursed the actual cost of one meal, not to exceed \$9, upon submission of a receipt after the event.)

Number of students: _____

Number of staff: _____ \$
(Student meal limit for non-overnight travel is \$7/meal.)

Employee to receive student meal money: _____

Employee signature

Date

Principal/Supervisor signature

Date