

TRAVEL REQUEST OVERNIGHT TRAVEL

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

Location of event: _____

Date(s) of event: _____

Time Departing: _____ **Time Returning:** _____

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.

Lodging:

No. of nights _____ x No. of rooms _____ @ \$ _____ /night + _____ % tax \$

Hotel Name: _____ Confirmation #: _____

Self Parking: _____ Rate Per day x No. of days _____ \$

Meal Per Diem:

Employee:

Breakfast @ \$7.00 = \$ _____

Lunch @ \$9.00 = \$ _____

Dinner @ \$10.00 = \$ _____

Student:

Breakfast @ \$ _____ = \$ _____

Lunch @ \$ _____ = \$ _____

Dinner @ \$ _____ = \$ _____

\$ _____

Employee to receive student meal money: _____

Budget Code: _____

Employee signature

Date

Principal/Supervisor signature

Date

Superintendent signature (if students are traveling overnight)

Date