TRAVEL REQUEST

NAME(S): __________________________________________
(Attach Students Names If Applicable)

PURPOSE OF TRAVEL: (Attach Agenda Showing Time And Place Of Meeting):

_______________________________________________________________________________

DATES OF MEETING: From _____     _____     _____ To _____     _____     _____ Departure Time: ______
month     day     year        month     day     year

DATES OF TRAVEL: From _____     _____     _____ To _____     _____     _____ Return Time:________
month     day     year        month     day     year

From____________________ To____________________ To____________________ To____________________

AIRFARE: ________ /ea X $ ________ = ________
Arrangements Made With (Name Of) Airline or Travel Agency

Check here if you are using a Bulk Ticket: __________________________ (No P.O. will be issued then)

REGISTRATION: $ ________ Payable to:__________________________________ Attach Form

HOTEL NAME:____________________________________ May P.O. be used?_______ Phone #________

_______ X $ ________ /night = $ ________ Reservations made with ________ Res # ________
(Include tax in price.)

RENTAL CAR: __________________________ May P.O. be used?_______ Phone #_______

_______ X $ ________ /night = $ ________ Reservations made with ________ Res # ________
(Needs prior approval)
(Include tax in price.)

SUPERVISOR must initial here for car rental approval: __________________________

PER DIEM: ________ Student(s) X ________ days @ $21 per day = $ __________

________ Adult(s) X ________ days @ $45 per day = $ __________

CHECK HERE If you are going to pick up per diem check at the Business Office: ________ Otherwise your per
diem check will be sent to the school via interoffice mail. Checks are available for pick up after 4 p.m. on Wednesday. In order to
be included in the Wednesday check run this form will need to be in to Accounts Payable no later than 1 p.m. on Monday.

Employee Signature __________________________ Date __________________________ Budgeted Account Code __________________________

Supervisor’s Signature __________________________ Date __________________________ Superintendent’s Signature __________________________ Date __________________________