

Rosebud-Lott Independent School District Travel Request

Employee _____

Destination _____

Departure Date & Time _____

Return Date & Time _____

Purpose of Trip (conference, workshop, field trip, etc.) _____

Names of Students & Employees Attending (attach list if needed) _____

Meals:

(\$30 max per day allotment for employee, \$24 max per day for student)

Student ____ Breakfast @ \$8.00 Employee ____ @ \$9.00 = \$ _____

Student ____ Lunch @ \$8.00 Employee ____ @ \$10.00 = \$ _____

Student ____ Dinners @ \$8.00 Employee ____ @ \$11.00 = \$ _____

Overnight Travel – Meal Reimbursement

Student ____ Days @ \$24.00 Employee ____ @ \$30.00 = \$ _____

Employee deduction will be made for amount of no itemized receipts

Total Meals \$ _____

Lodging: Hotel Name & Location: _____

Central Office Need to make Reservation? Yes or No

_____ room for _____ person(s) @ \$ _____ /night for _____ night(s) = \$ _____

City Tax Rate _____ % = \$ _____

Total Lodging \$ _____

Transportation:

_____ Miles @ **\$44** per mile (if school vehicle not available) \$ _____
(Odometer Beginning _____ Odometer Ending _____)

_____ Public transportation \$ _____

_____ Parking \$ _____

Total Transportation \$ _____

Other Expenses:

Registration: Payable To: _____ \$ _____
(Attach conference/class brochure)

Other: _____ \$ _____

Total Other \$ _____

Total Expenses \$ _____

Travel expenses incurred due to the fault of a traveler, except for extenuating circumstances, such as late registration, cancelled flight, etc. are not considered to be reasonable or necessary; therefore, all such expenses shall be paid or reimbursed by the traveler.

Student Travel Account Code to be used: _____

Employee Travel Account Code to be used: _____

Employee Signature _____ Date _____

Business Manager Approval _____ Date _____

Principal/Supervisor Approval _____ Date _____

Superintendent Approval _____ Date _____