

TRAVEL EXPENSE REQUEST

(AS OF 10-18-2017)

Make Check Payable to: _____

School: _____

Date of Trip: _____

Date/Time of Departure: _____

Date/Time of Return: _____

Purpose of Trip: _____

Place: _____

City and State: _____

Means of Transportation: _____

Personal Vehicle/Miles Predicted: _____

@ _____

Staff Meals: _____

Student Meals: _____

Sponsor Meals: _____

Other Expenses: _____

Amount Requested : _____

Budget Code: _____

Amount: _____

Budget Code: _____

Amount: _____

Budget Code: _____

Amount: _____

Sign: _____

Person Making Request

Approved: _____

Principal

Final Approval: _____

Business Manager

**Returned cash to be filled out
after the trip.**

Mileage: \$ _____

+ Other expenses: \$ _____

= Total Expenses: \$ _____

- Less Other Expenses \$ _____

= Balance Due: \$ _____

(if balance is negative, amount owed to LISD)

