

Blackwell CISD Travel Requisition

Name of Employee _____

Date of Request _____

Destination and Purpose of Trip _____

Number of Students & Staff Traveling: Students _____ Staff _____

Date of Departure: _____ Time of Departure: _____

Date of Return: _____ Time of Return: _____

Transportation Needs: Bus _____ Driver Needed? _____ Suburban _____ Other _____

EXPENSES

MEALS - Maximum amounts to be spent for meals

Students - Breakfast (\$8.00) Lunch (\$12.00) Dinner (\$15.00) (\$35.00 per diem)

Number of students _____ X meal price/per diem _____ = _____

Staff - Breakfast (\$8.00) Lunch (\$12.00) Dinner (\$26.00) (\$46.00 per diem)

Number of staff _____ X meal price/per diem _____ = _____

Please Itemize Meals Requested: (Per Diem is paid for trips that include all three meals)

Total Requested for Meals: _____

Checks payable to: _____

LODGING: Lodging Reservations will be made through *Admin Office*. We will do our best to reserve hotel of your choice. Please list hotel in order of preference _____

OTHER EXPENSES: (Fees such as Admissions, Registration, Entry, Parking, etc.)

Please Itemize Fees Requested: _____ Total Requested for Fees: _____

TOTAL EXPENSES REQUESTED: _____

If Check Needed, Make Payable To: _____

Principal or Supervisor Approval: _____

Superintendent Approval: _____

If personal vehicle must be used, mileage will be reimbursed at State Rate.

Please submit this request at least 5 days in advance of trip.

Receipts should be kept and turned in to Business Office immediately upon return from trip,