

DAINGERFIELD-LONE STAR ISD

200 Tiger Drive

Phone: (903) 645-2239

Daingerfield, TX 75638

FAX: (903) 645-2137

STAFF TRIP REQUEST

Date of Request: _____

- 1. Name: _____ Trip Date: _____
- 2. Accompanied by: _____
- 3. Destination & Purpose: _____
- 4. Time of Departure: _____ am pm Date: _____
- 5. Time of Return: _____ am pm Date: _____

EXPENSES	Estimated	Actual
----------	-----------	--------

Registration Fees	\$ _____	\$ _____
--------------------------	----------	----------

Attach registration form AND conference brochure.

Pay to: _____
 Address _____
 Address _____
 Budget Code _____

Lodging	\$ _____	\$ _____
----------------	----------	----------

Pay to: _____
 Address _____
 Address _____
 Budget Code _____

Airfare	\$ _____	\$ _____
----------------	----------	----------

Pay to: _____
 Address _____
 Address _____
 Budget Code _____

Please complete with estimated expenditures 10 days prior to trip. Complete with actual expenses and return to Business Office for Personal Reimbursements upon completion of trip. No reimbursements will be made until all required receipts are submitted.

Ground Transportation (use District mileage guide)

School Car: _____ miles @ .25 = \$ _____ \$ _____

Personal Vehicle: _____ miles @ .40 = \$ _____ \$ _____

Pay to: _____
 Budget Code _____

Meals	\$ _____	\$ _____
--------------	----------	----------

List any meals included in conference package and omit from request.

Pay to: _____
 Budget Code _____

Miscellaneous	\$ _____	\$ _____
----------------------	----------	----------

Pay to: _____
 Budget Code _____

Total Trip Expenses	\$ _____	\$ _____
----------------------------	----------	----------

Signature of Person Taking Trip

Principal/Supervisor

Principal/Supervisor (upon completion of trip)

Business Manager

Please return hotel receipt, registration receipt, plane ticket receipt, parking tickets, meal receipts, etc. to the Business Office for reimbursement. Please return gas receipts to Transportation Dept.