

**Columbus Independent School District  
Request to Attend Professional Meeting**

Name \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_

Name of Meeting \_\_\_\_\_

Location of Meeting \_\_\_\_\_

Purpose \_\_\_\_\_

Meeting Dates \_\_\_\_\_

**Estimation of Expenses**

\*Mileage Reimbursement (.54 cents per mile) \_\_\_\_\_

Hotel (Maximum = State of Texas Travel Chart or \$85.00 + Meal \$) \_\_\_\_\_  
Meal Money may offset additional costs.

\*Meals (\$46 per day – amt. Used for Hotel) \_\_\_\_\_

**Registration (Check One)**

\_\_\_\_ Purchase Order – Invoice will be paid when received by the District.

(P.O. Number - \_\_\_\_\_)

\_\_\_\_ Request for Payment- Filled Out Below for Vendors Not Accepting PO) \_\_\_\_\_

\*Other Expenses (List) \_\_\_\_\_

**Total Estimated Expense** \_\_\_\_\_  
\*Reimbursed Upon Return to CISD with Receipts.

**Request for Payment**

**Registration (for vendors not accepting PO)** \_\_\_\_\_ **Hotel** \_\_\_\_\_

**Pay To:** \_\_\_\_\_ **Pay To:** \_\_\_\_\_

**Amount:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Account Code:** \_\_\_\_\_

**Requested By:** \_\_\_\_\_

**Supervisor/Principal** \_\_\_\_\_ **Date:** \_\_\_\_\_