



MASSENA CENTRAL SCHOOL DISTRICT TRAVEL REQUEST FORM

Please fill out the shaded areas

For Business Office Use Only

BUDGET CODE:	
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Vendor #	
P.O. #	

Traveler's Name:		Department:	
Destination:		Conference/Agency:	

TRAVEL ITINERARY; LIST ALL DATES, TIMES OF DEPARTURE, RETURN & DESTINATION BELOW;
Leaving:
Returning:

PLEASE LIST ALL ANTICIPATED EXPENSES THAT WILL BE INCURRED:		
	ESTIMATED EXPENSE	COMPANY NAME
REGISTRATION (Attach Registration Form)	\$ _____	_____
MEALS		
(_____ Days) X (\$55)	\$ _____	SELF
MILEAGE (Personal Vehicles Only)		
(_____ Miles) X (\$0.545)	\$ _____	SELF
HOTEL (Attach Hotel Preferences)		
(_____ Nights) X (\$ _____ Rate)	\$ _____	_____
AIRFARE (Attach Flight Preferences)	\$ _____	_____
CAR RENTAL (Attach Details)	\$ _____	_____
MISCELLANEOUS (LIST)		
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
TOTAL	\$ _____	_____

SPECIAL INSTRUCTIONS:

CLAIMANT'S SIGNATURE:		DATE:	
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PLEASE RETAIN A COPY FOR YOUR RECORDS	APPROVALS:
	PRINCIPAL/DIRECTOR:
	BUSINESS ADMINISTRATOR: