Point Isabel ISD

District Travel Request/Expense Form

Name _____ Date Submitted _____

Departure Date _____ Departure Time _____ A.M. Return Date _____ Return Time _____ A.M.

Event Name _____

Event Location _____ Purpose _____

Per Diem : Date	Breakfast	Lunch	Dinner		Total
				=	$ 0.00
				=	$ 0.00
				=	$ 0.00
				=	$ 0.00
				=	$ 0.00
				=	$ 0.00
			Total Per Diem		$ 0.00

Personal Car Total Miles _____ 0.48 = $ 0.00

Lodging Total Nights _____ _____ = $ 0.00

(Lodging must include all taxes excluding sales tax)

Incidentals _____ 5.00 = $ 0.00

Air Fare _____ Car Rental _____ Registration Fees _____ = $ 0.00

Miscellaneous Charges _____ $ 0.00

Comments: _____ **Grand Total** $ 0.00

Account Number _____ _____ Account Number _____ _____

Amount to charge *Amount to charge*

Originator's Signature _____ Date _____ Federal Programs (if applicable) _____ Date _____

Immediate Supervisor's Signature _____ Date _____ Superintendent's Signature _____ Date _____

Actual Expenses:

Departure Date _____ Departure Time _____ Return Date _____ Return Time _____

	Breakfast	Lunch	Dinner		Total
Per Diem				=	
Personal Car Total Miles			0.48	=	
Lodging Total Nights				=	

(Lodging must include all taxes excluding sales tax)

Incidentals _____ 5.00 = _____

Air Fare _____ Car Rental _____ Registration Fees _____ = _____

Miscellaneous Charges _____

Grand Total _____

I acknowledge that I have incurred the travel expenses indicated above.

Originator's Signature _____ Date _____ Deputy Sup. for Business & Operation _____ Date _____

Breakfast
Leave before 7:00 A.M.
Arrive after10:00 A.M.

Lunch
Leave before 11:00 A.M.
Arrive after 2:00 P.M.

Dinner
Leave before 4:00 P.M.
Arrive after7:00 P.M.