



Point Isabel ISD

District Travel Request/Expense Form

Name _____ Date Submitted _____

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

Event Name _____

Event Location _____ Purpose _____

Per Diem :	Date	<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	=	<u>Total</u>
	_____	_____	_____	_____	=	_____
	_____	_____	_____	_____	=	_____
	_____	_____	_____	_____	=	_____
	_____	_____	_____	_____	=	_____
	_____	_____	_____	_____	=	_____
	_____	_____	_____	_____	=	_____

Total Per Diem _____

Personal Car Total Miles (*GSA rate*) _____ = _____

Lodging Total Nights _____ = _____

(Lodging must include all taxes excluding sales tax)

Incidentals _____ = _____

Air Fare _____ Car Rental _____ Registration Fees _____ = _____

Miscellaneous Charges _____ = _____

Comments: _____ **Grand Total** _____

Account Number _____ Amount to charge Account Number _____ 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 _____

Per Diem	<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	=	<u>Total</u>
	_____	_____	_____	=	_____
Personal Car Total Miles		_____	_____	=	_____
Lodging Total Nights		_____	_____	=	_____
(Lodging must include all taxes excluding sales tax)					
Incidentals		_____	_____	=	_____
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 _____ Business Manager _____ Date _____

Breakfast
Leave before 7:00 A.M.
Arrive after 10:00 A.M.

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

Dinner
Leave before 4:00 P.M.
Arrive after 7:00 P.M.