

**FORT DAVIS INDEPENDENT SCHOOL DISTRICT
P.O. BOX 1339
FORT DAVIS, TX 79734**

MONTHLY REQUEST FOR PER DIEM (Overnight Only)

Name: _____

Campus: _____

Budget Acct # _____

Purpose: _____

Destination: _____

Date of Departure: _____ Date of Return: _____

Number of Travel Days: _____ Number of Non-Travel Days: _____

TOTAL PAYMENT \$ _____

APPROVED BY _____, Principal DATE: _____

_____, Superintendent DATE: _____

To obtain current per diem rates please go to <http://www.gsa.gov/portal/category/100120>

If you have any questions please feel free to contact Velvet at ext. 309