

Chireno ISD Travel Request Form

Employee

Destination

Departure Date

Return Date

Trip Description: _____

		<u>Expenses</u>
<u>Meals</u>	(\$30 per day)	
_____	Breakfast @ \$10	\$ _____
_____	Lunch @ \$10	\$ _____
_____	Dinner @ \$10	\$ _____
TOTAL FOR MEALS		\$ _____
<u>Hotel</u>	(\$80 per night)	
_____	Nights for 1 person	\$ _____ *Tax Exempt Form Needed*
TOTAL FOR HOTEL, TAX & PARKING		\$ _____
<i>Transportation</i>		
_____	miles (only if school vehicle isn't available) @ .30 per mile	
TOTAL FOR MILEAGE		\$ _____
<i>Other Expenses</i>		
Registration/other _____		
TOTAL EXPENSES		\$ _____
ADVANCE NEEDED		\$ _____

**I UNDERSTAND THAT ALL RECEIPTS MUST BE SUBMITTED REGARDING ALL EXPENSES.
HAND MADE RECEIPTS WILL NOT BE ACCEPTED.**

EMPLOYEE SIGNATURE & DATE

PRINCIPAL SIGNATURE & DATE

SUPERINTENDENT SIGNATURE & DATE