



Coahoma Independent School District

Request to Attend Form (RTA)

RTA's due to CISD Business Office 10 days prior to event

Request Information

Employee Name: _____ Date of Request: _____
Event: _____ Location: _____
Departure Date: _____ Time: _____ Return Date: _____ Time: _____
Purpose of Trip (attach registration forms): _____

Registration Information

Vendor Name & Address: _____
Registration to be Completed by: Campus/Dept; PO#: _____ Bus Office (PO not available)
 Check here if registration info submitted on another RTA Form Total Registration \$ _____

Lodging

Lodging Required: No Yes ____ # of nights; ____ # of rooms
Attach copy of event lodging or hotel preferences; Business Office will make reservations and complete info below; every effort will be made to honor request subject to pricing and availability.
Hotel Name/Address: _____ Total Lodging \$ _____

Transport*

District Vehicle; Transportation Request submitted for ____ #SUV's or ____ #Bus(es)
 Personal Vehicle (subject to district guidelines); # of miles _____ @ \$.545/mile
 Airfare/Car Rental (w/Supt. approval) Total Transportation \$ _____

Meals*

Use this section for employee only travel; for student travel, submit Student Meal Allotment Form
____ Breakfast (\$10) \$ _____
____ Lunch (\$12) \$ _____
____ Dinner (\$15) \$ _____ Total Meals \$ _____

Other*

Parking \$ _____
Other \$ _____ Add'l Info: _____

TOTAL Expenses: _____
Account Code(s): _____ **REQUIRED**
BUS OFFICE: Total Due to Employee: _____ **(calculated and reimbursed upon return)**

Employee Signature: _____ Supervisor Signature: _____
Superintendent Signature: _____ Bus Office Signature: _____

**reimbursable upon return*