

ADDENDUM B
TRAVEL EXPENSES ESTIMATE

CONTRACT NAME:			
Name of Presenter #1:			
Travel Dates:			
Arrival Flight Locations:			
Departure Flight Locations:		Flight Estimate:	
# of Hotel Nights:		Hotel Estimate:	
Rental Car (circle one)	YES NO	Car Estimate:	
# of Miles:		Mileage Estimate:	
# of Meals:		Meals Estimate:	
		TOTAL EXPENSE ESTIMATE #1:	
Name of Presenter #2:			
Travel Dates:			
Arrival Flight Locations:			
Departure Flight Locations:		Flight Estimate:	
# of Hotel Nights:		Hotel Estimate:	
Rental Car (circle one)	YES NO	Car Estimate:	
# of Miles:		Mileage Estimate:	
# of Meals:		Meals Estimate:	
		TOTAL EXPENSE ESTIMATE #2:	
Name of Presenter #3:			
Travel Dates:			
Arrival Flight Locations:			
Departure Flight Locations:		Flight Estimate:	
# of Hotel Nights:		Hotel Estimate:	
Rental Car (circle one)	YES NO	Car Estimate:	
# of Miles:		Mileage Estimate:	
# of Meals:		Meals Estimate:	
		TOTAL EXPENSE ESTIMATE #3:	
TOTAL TRAVEL ESTIMATE: \$ _____ **PLEASE ATTACH MAPQUEST**			
Pine Tree ISD pays travel expenses not to exceed the current Federal rate. Please refer to http://www.gsa.gov/portal/category/26429			