



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 _____ @ \$.67/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 (\$12) \$ _____

_____ Lunch (\$14) \$ _____

_____ Dinner (\$18) \$ _____

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*