BIG SANDY INDEPENDENT SCHOOL DISTRICT

STAFF TRAVEL REQUEST

All travel must follow district approved travel procedures

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY (Vendor and hotel addresses)

Name			Travel Date(s)	
Destination/Conference/Workshop Attending				
REGISTRATION	\$	Vendor Name:		
Requisition #		City, Zip Code:		
HOTEL	\$	Vendor Name: Complete hotel information		bank
Requisition #		Name of Hotel:		
		Address: City, Zip Code		
MEALS Requisition #	\$	Meals will be reimbursed (If you depart after 7 am b return before 7 pm dinner	reakfast is not reimb	
Total estimated expenses for this trip: \$				
BUDGET CODE(S	· · · · · · · · · · · · · · · · · · ·			Percent/Amount \$ \$ \$
Upon approval of the registration and hotel requisitions, the employee may check out their Citibank card in the Business Office and charge their registration and reserve their hotel room(s).				
Employee Signat	ure: Date:	Principal/S	upervisor Signature:	Date: