

Spring Branch Independent School District

Out of Town - Overnight Travel Request

Date _____

Name _____ Position and Location _____

Name of Meeting _____ Meeting Location _____

Purpose _____

Dates and Time of Requested Travel From: _____ To: _____

Time: _____ AM PM Time: _____ AM PM

Conference Agenda / Itinerary /Information ATTACHED

Anticipated Expenses

REGISTRATION (no membership fees) _____ Paid directly to vendor SBISD Paid by employee

LODGING _____ List Nights:

TRANSPORTATION _____ AIR Fare Paid directly to vendor SBISD Paid by employee

reference district "Out of District mileage Chart" for mileage only if PERSONAL car used
_____ Rental Car Paid directly to vendor SBISD

_____ Personal Car Mileage

MEALS _____ (\$35 per diem unless meals are provided by conference)

MISCELLANEOUS _____ Specify: _____

TRIP TOTAL _____

TOTAL AMOUNT to be PAID to VENDORS by SBISD _____ Should only be registration , rental car, and airfare

ESTIMATED AMOUNT TO BE REIMBURSED TO EMPLOYEE _____ This amount is to be entered in MUNIS for Employee Travel Request

Budget \$ _____ Amount

Budget \$ _____ Amount

PERSON PREPARING FORM

Requisition # _____

TRAVEL PO # _____