

Spring Branch Independent School District

Out of Town 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 _____ 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 _____

MISCELLANEOUS _____ Specify: _____

TRIP TOTAL _____

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

TOTAL 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 # _____