

# LEISD Student Travel Request Form

Date: \_\_\_\_\_

This form is to be used for Student/Sponsor trips **ONLY**. View LEISD Travel Guidelines & Procedures for student/sponsor travel rules.

<b>Please Select Applicable Travel:</b>	<b>Out-of- State</b>	<b>In-State</b>	Payee Name (Sponsor) _____
Group Name _____	Number of Attendees _____		
Campus/Dept. _____	Destination _____		Purpose of Trip _____
Departure Date: _____	Time: _____	AM	PM (Select One)
Return Date: _____	Time: _____	AM	PM (Select One)

Estimated Expenses	Description	Total Amount \$
<b>Transportation</b> (airfare, charter bus, etc.)	Sponsor Amount \$	\$ _____
	Student Amount \$	
<b>Lodging</b>	Sponsor Amount \$	\$ _____
	Student Amount \$	
<b>Miscellaneous</b> (registration/event fees, etc.)	Sponsor Amount \$	\$ _____
	Student Amount \$	
<b>Meals</b> <ul style="list-style-type: none"> <li>•Breakfast (\$5.50 a day, must leave by 6a)</li> <li>•Lunch (\$7.50 a day, must leave by 11a and return after 1p)</li> <li>•Dinner (\$12.00 a day, must return after 6p)</li> </ul>	Sponsor Amount \$	\$ _____
	Student Amount \$	

<b>Additional Travelers</b> – List all other attendees/students traveling below (print full name) or attach list. Note: List additional employees first (if applicable)	

**Payee Clause:** As a Payee of an LEISD Check for travel/cash advance, I agree to accept responsibility for the protection and proper use of this check, and understand if required, that I must submit all receipts in person to Business Services within 10 days of the conclusion of the trip. I also certify that I have read and understand the LEISD Travel Guidelines & Procedures. **Liability Clause:** By executing this request, I authorize LEISD, in accordance with the IRS requirements, to deduct from wages or salary in the full amount of the funds requested and approved if appropriate receipts and/or remaining cash are not returned within 10 days of the conclusion of the trip.

<b>Signature of Sponsor/Payee</b>	<b>Date:</b>																																
<b>Principal/Director/Deputy/Assistant Superintendent</b>	<b>Date:</b>																																
<b>Associate Superintendent/CFO</b>	<b>Date:</b>																																
<b>Superintendent of Schools (out-of-state ONLY)</b>	<b>Date:</b>																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Fund</th> <th style="width: 15%;">Function</th> <th style="width: 15%;">Object</th> <th style="width: 15%;">Sub-Obj</th> <th style="width: 10%;">Org</th> <th style="width: 10%;">Yr Program</th> <th style="width: 10%;">Individual</th> <th style="width: 10%;">Amount</th> </tr> </thead> <tbody> <tr> <td>Code: _____</td> <td colspan="7"></td> </tr> <tr> <td>Code: _____</td> <td colspan="7"></td> </tr> <tr> <td>Code: _____</td> <td colspan="7"></td> </tr> </tbody> </table>	Fund	Function	Object	Sub-Obj	Org	Yr Program	Individual	Amount	Code: _____								Code: _____								Code: _____								
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