

FORT STOCKTON INDEPENDENT SCHOOL DISTRICT

OVERNIGHT TRAVEL EXPENSES

Due in Central Office 2 weeks prior to departure

Attach to Travel Request Form. Include event schedule or agenda

Staff Member(s) Traveling:			
Campus:			
Name of Event:			
Purpose:			
Event Dates and City:			
Vehicle Destination:			
Departure Date:		Return Date:	
Departure Time:		Return Time:	

STUDENT TRAVEL

Budget Code:		# Students =	
Meals:	# Breakfasts each	\$6.00	\$0.00
	# Lunches each	\$8.00	\$0.00
	# Dinners each	\$11.00	\$0.00
	Total Meals Per Student:		
Total Student Meal Allowance:			\$0.00
Hotel name		# Rooms	
Hotel cost per night including tax		# Nights	
Total Student Hotel Allowance:			\$0.00
Total Student Travel Expenses:			\$0.00

STAFF TRAVEL

Budget Code:		# Staff =	
	# Breakfasts each	\$8.00	\$0.00
	# Lunches each	\$11.00	\$0.00
	# Dinners each	\$16.00	\$0.00
	Total Meals Per Staff Member:		
Total Staff Meal Allowance:			\$0.00
Hotel name		# Rooms	
Hotel cost per night including tax		# Nights	
Total Staff Hotel Allowance:			\$0.00
Mileage Reimbursement:	# Miles	0.545	\$0.00
Air Travel:	Airline	Total Student and Staff Airfare:	
Airport Parking:	Rate	# Days	\$0.00
Rental Car:	Rate	# Days	\$0.00
Hotel Parking:	Rate	# Days	\$0.00
Other:			
Total Staff Travel Expenses:			\$0.00
Total All Travel Expenses:			\$0.00

Employee	Date	Supervisor	Date	Central Office	Date
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