

DATE: _____

P.O. #: _____

TRAVEL CARD: _____

**WESTWOOD INDEPENDENT SCHOOL DISTRICT
TRAVEL AUTHORIZATION/VEHICLE REQUEST FORM**

Request for travel authorization should be received by Central Office at least 10 days prior to departure.

Employee Names: _____

Name of Workshop & Session #/Event: _____

Date of Workshop/Event: _____

Location of Workshop/Event: _____

Departure Date/Time: _____

Return Date/Time: _____

Estimated Cost

Registration Fee: _____ X # people _____ = Total \$ _____
(Attach completed Registration Form & Schedule at a Glance)

Hotel Rate _____ County/City Tax Rate _____ # of Nights _____ # of Rooms _____ = \$ _____
(Attach detailed hotel reservation/confirmation with costs.) (Please contact the hotel for the city/county tax rate)

Parking *(Receipts required)* _____ Daily Rate x _____ # Days = \$ _____

Car Mileage: _____ @ .655 per mile. **Print out required.** \$ _____

School Vehicle: Date Vehicle: _____ Date to Return: _____

Meals *(Itemized and dated meal receipts are required. Meals will be reimbursed up to allocated amount for that meal.)* \$ _____

Meal Allowance:

Breakfast - \$8
Lunch - \$18
Supper - \$33

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Total
Breakfast							\$
Lunch							\$
Dinner							\$
Total							\$
	\$	\$	\$	\$	\$	\$	\$

TOTAL COSTS \$ _____

ACCOUNTS TO BE CHARGED

Account Number	Amount	Account Number	Amount

Signature of REQUESTOR (required) **Date**

Principal's Signature (required) **Date**

Curriculum Director Signature **Date**

Business Manager's Signature **Date**

I CERTIFY THAT THIS EXPENSE ACCOUNT IS TRUE, CORRECT, AND UNPAID. I FURTHER CERTIFY THAT THIS REPORT IS IN COMPLIANCE WITH THE OFFICIAL AUTHORIZATION FROM WETWOOD ISD AND THAT THE EXPENDITURES WERE REASONABLE, NECESSARY AND ACTUALLY INCURRED.

PLEASE DO NOT FAX