

**East Central ISD Request for Overnight Travel**

**TO:** Judy Burns, Chief Financial Officer

**DATE:** \_\_\_\_\_

**FROM:** \_\_\_\_\_

**CAMPUS/DEPARTMENT:** \_\_\_\_\_

**CONFERENCE/EVENT:** \_\_\_\_\_

**REASON:** \_\_\_\_\_

Student/Group/Individual (Circle One) (Names Must Be Listed)

\_\_\_\_\_

\_\_\_\_\_

Location: \_\_\_\_\_ Dates: \_\_\_\_\_

Cost of Registration: \_\_\_\_\_ Each: \_\_\_\_\_ TOTAL 1

Registration

Cost of Hotel per night \_\_\_\_\_ Hotel Name: \_\_\_\_\_ TOTAL 2

Hotel

(The District's allowable cost is \$85.00 per night unless another rate is listed at [www.gsa.gov/portal/category/100120](http://www.gsa.gov/portal/category/100120) for that city.)

**Method of Travel:**

(Circle One)

**Personal Vehicle**

The District will reimburse up to 500 miles only @ .60/mile

**School Vehicle**

Contact Transportation Dept. 634-6200 for availability of school vehicle

**Plane**

For Airfare please contact Business Office (Judy Burns 634-6100)

TOTAL 3

Travel

**Meal Cost:**

**Allowable Cost:**

Breakfast \$14.00

Lunch \$19.00

Supper \$24.00

TOTAL 4

Meals

**Projected Total Cost (1,2,3,4)**

**Grand Total**

Budget Code to Pay Expenses \_\_\_\_\_

Must be completed with budget codes

Other Pertinent Information \_\_\_\_\_

\_\_\_\_\_

Campus/Department Administrative Approval \_\_\_\_\_

Supervisor/Administrator

**Business Office Use Only**

Funding Available	Approval for Out-of State Travel
Yes _____	Yes _____
No _____	No _____
_____	_____
Chief Financial Officer	Superintendent

**This form must be completed and sent to the Business Office before a purchase requisition is submitted on line.**  
Effective 9/1/2023