



ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT
TRAVEL REQUEST FORM

Employee Name: Dept/Campus/#:
Email Address: Phone #:
of Travelers in Group: Complete list of everyone traveling must be attached, including all Sponsors/Coaches/Chaperones.
Name of Event: Location:
Event Start Date: Time: Event End Date: Time:
Departure Date: Time: Return Date: Time:
General (GF) Acct Code: \$ Total Estimated Cost of Trip
Special Revenue (SRF) Acct Code: \$ \$
Trip Notes/Specifications:

MILEAGE: (Outside of Odessa/Midland metro area only) () Check Advance Req/PO #
Round Trip Total Miles: @ IRS rate \$ () SRF \$ () GF \$
Calculate city to city mileage at: https://www.google.com/maps/dir/

REGISTRATION: () P-Card () Check Advance Pre-Paid Req/PO #
Registration Payable to: () SRF \$ () GF \$
Send completed registration form to Accounting, accounts.payable@ectorcountynisd.org

MEAL PER DIEM: () P-Card (Student Group only) () Check Advance Req/PO #
http://www.gsa.gov/portal/category/100120 Destination City:
GSA Rates required for Adult M&IE breakdown. Optional worksheet provided here. Adult day trip must be >12hrs & based on GSA F&L rate (IRS regulation).
Adult First Day/Day Trip \$ + Last Day \$ x # of Adults = \$
Adult Full Day \$ x # of Adults x # of full days = \$
Full day for students is departure before 8am and return after 7pm or staying overnight. Everything else is a partial day.
Adult partial days where meals provided(GSA rate)/Student partial days(meals provided)/day trip(<12hrs) (B)\$8 (L)\$12 (D)\$15
Date # of Travelers x B \$ L \$ D \$ = \$
Date # of Travelers x B \$ L \$ D \$ = \$
Date # of Travelers x B \$ L \$ D \$ = \$
Date # of Travelers x B \$ L \$ D \$ = \$
Date # of Travelers x B \$ L \$ D \$ = \$
Date # of Travelers x B \$ L \$ D \$ = \$
Student Full Day \$35 x # of students x # of full days = \$ () SRF \$ () GF \$

LODGING: () P-Card () Check Advance Pre-Paid Req/PO #
http://www.gsa.gov/portal/category/100120 GSA Lodging Rate: \$
Always attempt to use GSA rate. If using SRF, any amount over GSA must use GF.
of Nights @ \$ per night X # of rooms = \$
Rate per night should include ALL taxes, fees and services. () SRF \$ () GF \$
Traveler to provide copy of Hotel Tax Exemption Certificate and ensure the TX State hotel taxes are not charged.

PLANE FARE: () P-Card () Travel Agency Pre-Paid Req/PO #
of tickets @ \$ () SRF \$ () GF \$

CAR RENTAL: () P-Card () Check Advance Req/PO #
Traveler to provide copy of Vehicle Rental Certificate and ensure vehicle rental tax is not charged. () SRF \$ () GF \$

PARKING/TAXI/UBER: () P-Card () Check Advance Valet parking if only option. Req/PO #
Traveler to provide copy of Sales Tax Exemption Certificate and ensure sales tax is not charged. () SRF \$ () GF \$

OTHER EXPENSES: () P-Card () Check Advance IE: rental car fuel, luggage fees, or tips. Req/PO #
Please describe: () SRF \$ () GF \$

I have read & accepted responsibility for compliance with the Ector County ISD Travel Guidelines. I have chosen the most economical rates available.
Employee Note: A completed, signed, settlement form with any required associated receipts, is due to the ECISD Accounting Office within 10 calendar days of return from trip. I give ECISD authority to deduct any unsettled amount relating to this trip from my pay (IRS Regulation).
Employee Signature/Date:
Supervisor Signature/Date:
SRF Approval (if applicable)/Date:

- Attachments Needed:
List of travelers
Google Maps
Registration Form
Event Itinerary
GSA M&IE Breakdown
GSA Lodging Rate
Hotel Confirmation/Amenities
Airfare Confirmation/Itinerary
Car Rental Information