

BISHOP CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

Faculty and Staff Travel Request

(FORMS MUST BE RECEIVED IN CENTRAL OFFICE AT LEAST TEN DAYS PRIOR TO REQUESTED TRIP IF TO BE PAID IN ADVANCE)

Date: _____ Campus: _____

Destination (City, State): _____

Date(s) of Trip: _____

Purpose of Trip: _____

Other Passengers: _____

Personal car for _____ miles @ .53 per mile \$ _____ P.O. #: _____

Parking Fees: \$ _____ Ck. App.: _____

Number of Meals: _____ Breakfast @ \$7.00 \$ _____ Ck. #: _____

_____ Lunch @ \$11.00 \$ _____ Vendor: _____

_____ Dinner @ \$18.00 \$ _____

Airport Transportation Fees: (Shuttle, Taxi, etc.) \$ _____

TOTAL

\$ _____

Lodging: _____ days @ \$80.00 (Excluding meals) \$ _____ P.O.#: _____

*Receipt required upon return from trip-pick up hotel tax exemption form from Central Office to present at registration.

Ck. App.: _____

Ck. #: _____

Make lodging check payable to: _____
(Hotel/Motel) Vendor: _____

P. O. Box or Street _____ City _____ State _____ Zip _____

I affirm that the amounts above are true and correct. Please see reverse side for further instructions.

Claimant _____ Date _____

Home Address _____ City _____ State _____ Zip _____

Supervisor _____ Date _____ Principal _____ Date _____

Business Manager _____ Date _____

Personnel Travel: _____ \$ _____

Fund Account Code _____ Amount _____

Check for payment in advance.

Signature for Receipt of Check _____ Date _____

Amount Returned from Employer: _____ \$ _____

Received By _____ Date _____ Amount _____