

DATE: _____

P.O. #: _____

TRAVEL CARD: _____

WESTWOOD INDEPENDENT SCHOOL DISTRICT TRAVEL AUTHORIZATION / VEHICLE REQUEST FORM

Requests for travel authorization should be received by the Central Office AT LEAST 10 DAYS prior to departure.

Employee Names: _____

Name of Workshop/Event: _____

Date of Workshop/Event: _____ Location of Workshop/Event: _____

ESTIMATED COST

Registration Fee: _____ X Number of People _____ = \$ _____
(Attach completed registration form and schedule)

Hotel Rate: _____ County/City Tax Rate _____ # of Nights _____
of Rooms _____ = \$ _____
(Attach detailed hotel reservation/confirmation w/ costs. Contact the hotel for the county/city tax rate if necessary.)

Parking (receipts required) - Daily Rate _____ X Number of Days _____ = \$ _____

Car Mileage: _____ Miles @ \$0.67 Per Mile = \$ _____
(Print Out Required)

School Vehicle: Pick Up Date: _____ Return Date: _____

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

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Total
Breakfast \$8/Meal							\$
Lunch \$18/Meal							\$
Dinner \$33/Meal							\$
Total							\$
	\$	\$	\$	\$	\$	\$	\$

If Travelling with Students, please complete this section:

Teachers / Staff Traveling w/ Student Have the Same Meal Rate For All Meals

Total number of Students/Teachers/Staff _____

X Total number of Meals _____

X \$10 per Meal = \$ _____

TOTAL ESTIMATED 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