



WOODSBORO INDEPENDENT SCHOOL DISTRICT
408 S KASTEN STREET
WOODSBORO, TX 78393
Conference/Event/Travel Request Form

Event Information:

Event Attending: _____
Date(s) of Event: _____
Person(s) Attending: _____
Cost of Event: _____

Meals:

Meals: The district only provides meals if event is overnight.

Per Diem Meals: The overnight information given below will determine your meal allotment.

AMOUNT DISBURSED: _____

By signing you are stating all funds were spent for meals at your event. If any funds are left, they must be returned to the district.

Employee: _____

Overnight Information:

Check-In Date: _____ Time Departing: _____
Check-Out Date: _____ Time Returning: _____

***** Employees are to use a district vehicle; however, if a vehicle is not available, mileage will be paid. If you choose to take your personal vehicle, mileage will not be paid.***

Employee Signature: _____

Principal Signature: _____

Superintendent Signature: _____