

London ISD
ADVANCED PER DIEM TRAVEL REQUEST
(due in Business Office 2 wks prior to travel)

TRAVELER NAME: _____ CAMPUS: _____

PURPOSE OF TRIP: _____

LOCATION (CITY AND SITE): _____

DATE(S) OF TRIP: _____ TRAVEL WITH STUDENTS: YES NO #STUDENTS: _____

DEPARTURE DATE/TIME: _____ RETURN DATE/TIME: _____

PER DIEM MEALS: # Of Meals: (Must stay within the maximum allowance per meal)

Student _____ @ \$7 (max)	Employee/Board Mbr _____	Breakfast _____ @ \$8 (max)
_____ @ \$10 (<i>Post-District max</i>)		Lunch _____ @ \$10 (max)
		Dinner _____ @ \$14 (max)

TOTAL MEAL EXPENSE: \$ _____

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TOTAL MEAL EXPENSE REQUEST: \$ _____

PER DIEM LODGING: Reimbursement rates vary based on gsa.gov per diem rate

RATE PER NIGHT: \$ _____ #NIGHTS: _____ TOTAL LODGING EXPENSE REQUEST: \$ _____

TOTAL PER DIEM MEAL AND LODGING EXPENSE REQUEST: \$ _____

DATE CHECK NEEDED BY: _____

NAMES OF STUDENTS TRAVELING:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NAMES OF EMPLOYEES / BOARD MEMBERS TRAVELING:

_____	_____	_____
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I certify that I have read and accept responsibility for compliance with the London ISD Travel Guidelines. I certify that the actual costs listed are true and correct. I understand that I may be required to validate the actual costs with detailed receipts. If actual costs are less than the advanced per diem, the traveler must reimburse the unspent funds to the district within 3 days from the date of return. Actual costs that exceed the maximum allowance per meal rates will not be reimbursed.

EMPLOYEE / BOARD MBR SIGNATURE: _____ Date ___/___/___

PRINCIPAL/ADMIN SIGNATURE: _____ Date ___/___/___

ALL REQUESTS MUST BE SUBMITTED TWO WEEKS PRIOR TO TRAVEL. FAILURE TO DO SO MAY RESULT IN DENIAL OF FUTURE TRAVEL. INCOMPLETE OR UNAPPROVED FORMS WILL DELAY PROCESSING AND COULD RESULT IN DENIAL OF REQUEST.