

DATE: _____

PO NUMBER: _____

CREDIT CARD: _____

WESTWOOD INDEPENDENT SCHOOL DISTRICT TRAVEL AUTHORIZATION / VEHICLE REQUEST FORM

Requests for travel authorization should be received by the Administration Office
AT LEAST 14 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 **(see note below)** = \$ _____
(Print Out Required)

VEHICLE REQUEST:

Suburban: Y / N Pick Up Date: _____ Return Date: _____

School Bus: Y / N Departure Date: _____ Return Date: _____
(requires Transportation Director's signature)

NOTE: If a school vehicle is available and you choose to take your personal vehicle, you will NOT be eligible for mileage reimbursement.

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

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

If traveling with students, please complete this section:

Teachers / Staff Traveling w/ Student Have the Same Meal Rate For All Meals and a Student Travel List MUST Be Submitted.

Total number of Students/Teachers/Staff _____

X Total number of Meals _____

X \$10 per Meal* _____ = \$ _____

*\$12/Meal for Regional/Area events \$15/Meal for State/National Event

TOTAL TRIP ESTIMATED COSTS \$ _____

ACCOUNTS TO BE CHARGED			
Account or Activity Number	Amount	Account or Activity Number	Amount

Signature of REQUESTOR (required) Date

Principal's Signature (required) Date

Director's (AD/CTE, etc.) Signature Date
(required for specific department(s))

Transportation Director's Signature Date
(required if requesting a bus)

CFO/Business Manager/s Signature Date
(required)

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.