COLDSPRING-OAKHURST CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

EMPLOYEE TRAVEL REQUEST FORM

- Submit employee travel requests at least three (3) weeks before the scheduled event.
- The campus/department must encumber the request in the accounting system to confirm available funds.
- Actual meal reimbursements require itemized receipts.
- Check requests received by the Business Office by Wednesday noon will be ready Thursday morning of that week.

REQUEST AND TRIP INFORMATION

Date of Request: _____ **Campus/Dept.:** _____

Employee Name: _____ **Number of Travelers:** _____

Mailing Address: _____

Event: _____ **City, State:** _____

Purpose: _____

Departure Date: _____ **Return Date:** _____

TEKS Objective No.: _____ **Budget Code:** _____

# of Students per Employee: _____

Substitute Required: ☐ **YES** ☐ **NO**

TRAVEL EXPENSES

Registration Payable to: _____ **Total: $** _____

LODGING NOTE: Rates may not exceed U.S. General Services Administration limits. Do not book through third-party discount sites; reserve directly with the host or recommended hotel. See GSA Travel Per Diems.

Hotel Name: _____ **Hotel Address:** _____

# of Nights: _____ **Rate/Night: $** _____ **Hotel Total: $** _____

MEALS — OVERNIGHT TRAVEL ONLY: Actual cost, not to exceed $46 per day ($7 breakfast / $14 lunch / $25 dinner).

Travel timing	Breakfast	Lunch	Dinner	Total
Depart before 8:00 a.m.	$7	$14	$25	$46
Depart 8:00 a.m.–12:00 p.m.	—	$14	$25	$39
Depart after 12:00 p.m.	—	—	$25	$25
Return before 11:30 a.m.	$7	—	—	$7
Return 11:31 a.m.–6:30 p.m.	$7	$14	—	$21
Return after 6:30 p.m.	$7	$14	$25	$46

Personal Vehicle — Allowed Miles: _____ **× $0.76 = $** _____

Vehicle requirements: Use a school vehicle when available. Personal-vehicle reimbursement is not allowed when a school vehicle is available. Attach a Google map showing the beginning and ending addresses.

Estimated Total Travel Cost: $ _____

CERTIFICATION AND APPROVAL

Requester Signature: _____ **Date:** _____

Campus/Department Approval: _____ **Date:** _____