

East Central ISD Request for Overnight Travel

TO: Judy Burns, Chief Financial Officer

DATE: _____

FROM: _____

CAMPUS/DEPARTMENT: _____

CONFERENCE/EVENT: _____

REASON: _____

Student/Group/Individual (Circle One) (Names Must Be Listed)

Location: _____ Dates: _____

Cost of Registration: _____ Each: _____ TOTAL 1

Registration

Cost of Hotel per night _____ Hotel Name: _____ TOTAL 2

(The District's allowable cost is \$85.00 per night unless another rate is listed at
www.gsa.gov/portal/category/100120 for that city.)

Hotel

Method of Travel:

(Circle One)

Personal Vehicle

The District will reimburse up to 500 miles only @ .50/mile

School Vehicle

Contact Transportation Dept. 634-6200 for availability of school vehicle

Plane

For Airfare please contact Business Office (Judy Burns 634-6100)

TOTAL 3

Travel

Meal Cost:

Allowable Cost:

Breakfast \$14.00

Lunch \$19.00

Supper \$24.00

TOTAL 4

Meals

Projected Total Cost (1,2,3,4)

Grand Total

Budget Code to Pay Expenses _____

Must be completed with budget codes

Other Pertinent Information _____

Campus/Department Administrative Approval _____

Supervisor/Administrator

Business Office Use Only

Funding Available

Yes _____

No _____

Approval for Out-of State Travel

Yes _____

No _____

Chief Financial Officer

Superintendent

This form must be completed and sent to the Business Office before a purchase requisition is submitted on line.

Effective 1/1/2026