

## Barbers Hill Independent School District Travel Request Form

Name of Traveler: \_\_\_\_\_  
 Name of Function: \_\_\_\_\_  
 Destination: \_\_\_\_\_  
 Reason: \_\_\_\_\_

Campus/Dept: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Date/Time Leaving: \_\_\_\_\_ / \_\_\_\_\_  
 Date/Time Returning: \_\_\_\_\_ / \_\_\_\_\_

Please submit a completed travel request form for each purchase order requested.

<b>Payable to Traveler:</b>	<b>PO/CR#</b> _____
Sponsor:	
_____ Breakfast(s) not to exceed \$10.00	\$ _____
_____ Lunch(es) not to exceed \$12.00	\$ _____
_____ Dinner(s) not to exceed \$14.00	\$ _____
Total Amount	\$ _____
Student: Attach a list of students participating in event as support documentation	
_____ Breakfast(s) not to exceed \$7.00	\$ _____
_____ Lunch(es) not to exceed \$8.00	\$ _____
_____ Dinner(s) not to exceed \$9.00	\$ _____
Total Amount	\$ _____
Transportation: Inquire with the Transportation Department as to the availability of a school vehicle for your trip. If a school vehicle is not available, mileage driven in your personal auto will be paid.	
Personal Auto (Total miles round trip from school to destination): _____ @ .575/mile	\$ _____
(Use mileage from <a href="http://www.mapquest.com">www.mapquest.com</a> and attach copy of Mapquest)	
Parking: number of Days _____ @ _____ per day	\$ _____
<b>TOTAL AMOUNT DUE: \$ _____</b>	

<b>Other Expenses:</b>	<b>PO/CR#</b> _____
Field Trip Fees Payable to: _____	\$ _____
Registration Payable to: _____	\$ _____
Other: _____	\$ _____
(Attach documentation for expenses such as field trip confirmation, conference/event agenda, completed registration form, etc.)	
<b>TOTAL AMOUNT DUE: \$ _____</b>	

<b>Lodging:</b>	<b>PO/CR#</b> _____
Name of Hotel: _____	
Number of Nights: _____ @\$ _____ per night	\$ _____
Taxes - <b>need hotel tax exempt form</b>	\$ _____
Hotel Parking: _____ @\$ _____ per night	\$ _____
(Attach hotel reservation confirmation)	
<b>Amount Due to Hotel: \$ _____</b>	

<b>Estimated Cost of Trip:</b>	<b>\$</b> _____
Budget Code: _____	\$ _____
Budget Code: _____	\$ _____

Traveler's Signature: _____	Date: _____
Principal/Supervisor: _____	Date: _____
Assistant Superintendent of Finance: _____	Date: _____

**NOTE:** If applicable, all meal receipts, lodging receipts, and/or excess money must be returned to the Business Office immediately following your return.