**GREENVILLE INDEPENDENT SCHOOL DISTRICT TRAVEL REQUEST**

This form is to be used with requisitions for registration, lodging, transportation and employee reimbursement. This form shall accompany each purchase order necessary to make payments for the travel. Reimbursement requests must be turned in no later than ten days following the trip. Backup documentation must be attached for audit purposes. Employee meals will not be reimbursed unless overnight lodging is required and receipts are attached. Use **Map Quest** online mapping service ([www.mapquest.com](http://www.mapquest.com/)) to determine the number of miles and the Texas Mileage Guide for the current rate. Presently the mileage rates are: *Personal vehicle and school suburban .575 per mile and $2.55 for school bus with driver.*

Name Campus Date of Event

Purpose of Trip Location

Number of PersonsTraveling\_\_ Are Students Traveling? How Many

Date of Departure Time Date of Return Time

Total Estimated Trip Cost $ Account Number to be Charged

Itemization of Expenses: (PO #’s to be added by Campus Secretary)

1. **Transportation:** (Select one to be reimbursed following trip)
	1. Personal/School Vehicle: # of Miles @ .58 per mile = Estimate $ PO #\_ School Bus with Driver # of Miles @ 2.55 per mile = Estimate $ PO #
	2. Air Transportation (receipt required for reimbursement) Cost $ PO #
2. **Meals:** (**Receipts required**) Employee Students

|  |  |  |
| --- | --- | --- |
| Breakfast | # @ 8.00 | # @5.00 $  |
| Lunch | # @10.00 | # @6.00 $  |
| Dinner | # @18.00 | # @7.00 $  |

PO # Meal Total $

1. **Lodging:** Room rate approval will be based on the most economical rate available. The following information must be provided before trip approval. The state base rate of $85.00 per night should not be exceeded.

Hotel check payable to: (Name) (Address) (Phone)

Hotel Room Rate$ City Tax Rate # of Nights # of Rooms

PO # Hotel Total Cost $

#  Miscellaneous:

* 1. Registration payable to: Total $ PO # (Registration form required)
	2. Cab Fares/Parking/Rental Car Total $ PO # (Receipts required for reimbursement)

# Approvals:

Signature Date

Principal/Director Date

Superintendent Approval Date (Required for out of state travel)

# NOTE: This form is for trip approval and estimated trip cost only. The travel process is not complete until all purchase orders have been approved and money encumbered for travel expenses.