

## BIG SANDY ISD OUT OF DISTRICT TRAVEL REQUEST

### SECTION I: TRAVEL DESCRIPTION

Name: \_\_\_\_\_ Travel Date(s) \_\_\_\_\_  
 Purpose: \_\_\_\_\_ Destination: \_\_\_\_\_

**Form must be approved 15 days in advance of travel.**

### SECTION II: ESTIMATED COST (Except for registration fees, travel advances will only be considered for student travel or if a documented hardship exists.)

<input type="checkbox"/> Check box if requesting a prepayment	<b>REGISTRATION:</b> *Check Payable To: _____ * Required if prepayment is requested. Please attach registration form. Submit a PO if registration is to be invoiced.	_____ <b>Total Registration Cost</b>
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<input type="checkbox"/> Check box if requesting a prepayment	<b>LODGING:</b> _____ X _____ X _____ = # of Nights # of Rooms ** Room Cost Shared with employee: _____ *Check Payable To (with address): _____ * Required if prepayment is requested. An itemized hotel bill must be sent to the Business Office within THREE days after travel has been completed. ** Include city tax when estimating room cost. State tax exempt - not reimburseable. Must submit a PO.	_____ <b>Total Lodging Cost</b>
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<input type="checkbox"/> Check box if requesting a prepayment (student only)	<b>MEALS:</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Employee</th> <th colspan="3" style="text-align: left;">Student</th> </tr> <tr> <th style="text-align: left;">Per Diem</th> <th style="text-align: left;"># of Meals</th> <th style="text-align: left;">Total</th> <th style="text-align: left;">Per Diem</th> <th style="text-align: left;"># Meals</th> <th style="text-align: left;">Total</th> </tr> </thead> <tbody> <tr> <td>\$8.00</td> <td>X _____ =</td> <td>_____</td> <td>\$5.00</td> <td>X _____ =</td> <td>_____</td> </tr> <tr> <td>\$10.00</td> <td>X _____ =</td> <td>_____</td> <td>\$7.00</td> <td>X _____ =</td> <td>_____</td> </tr> <tr> <td>\$18.00</td> <td>X _____ =</td> <td>_____</td> <td>\$8.00</td> <td>X _____ =</td> <td>_____</td> </tr> </tbody> </table> *Check Payable To: _____ * Required if prepayment is requested.	Employee	Student			Per Diem	# of Meals	Total	Per Diem	# Meals	Total	\$8.00	X _____ =	_____	\$5.00	X _____ =	_____	\$10.00	X _____ =	_____	\$7.00	X _____ =	_____	\$18.00	X _____ =	_____	\$8.00	X _____ =	_____	_____ <b>Total Meal Cost</b>
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Per Diem	# of Meals	Total	Per Diem	# Meals	Total																									
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	<b>MILEAGE:</b> _____ X \$0.450 = *Mileage Rate * Mileage must be from Google Maps with map & directions attached.	_____ <b>Total Mileage Cost</b>
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	<b>MISCELLANEOUS:</b> Airfare: _____ Vehicle Rental _____ Parking: _____ Rental Vehicle Fuel _____ Taxi: _____ Other: _____ *Check Payable To: _____ * Required if prepayment is requested.	_____ <b>Total Miscellaneous Cost</b>
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	<b>ESTIMATED TOTAL COST:</b> Budget Code(s) _____ _____ _____	_____ <b>Total Estimated Cost</b>
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Requested By: \_\_\_\_\_

Date: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_