

SCHOOL BUSINESS TRAVEL FORM

(This travel form must be approved by supervisor and submitted to accts payable 10 days prior to travel)

Date of Request:	Date(s) of Travel
Name(s) of Participants:	Building/School:

Meeting or Conference Name: _____

Location of Meeting: _____

Registration \$ _____ Payment type: Check Needed ☐ Credit Card ☐

Lodging \$ _____ Payment type: Check Needed ☐ Credit Card ☐

Name of Hotel: _____

Does hotel check need to be sent in advance? *(If yes include address.)* Yes ☐ No ☐

Indicate # of Meals for Per Diem		
\$10	\$15	\$20
Breakfast <input type="checkbox"/>	Lunch <input type="checkbox"/>	Dinner <input type="checkbox"/>
Total Amount of Per Diem Check per Person \$ _____		
Account number for meals _____		

Total Per Diem for **Group** \$ _____

Rental Car Yes ☐ No ☐ Name of Person Renting Car _____

Gas Card Needed Yes ☐ No ☐ Card # Assigned by School/DO _____

Flight Yes ☐ No ☐ Airline _____

Estimated Total Cost of Travel: \$

Account No for Lodging, Gas, Flight, and Rental Cars: _____

Grant Name if Applicable: _____

Staff Signature: _____

Principal or Supervisor Signature: _____

Attach hotel registration, conference registration and any other receipts. Final receipts must be submitted after conference. Please retain a copy of this form for your records.