

SCHOOL BUSINESS TRAVEL FORM

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

Date of Request:	Date(s) of Travel
Names(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

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

Indicate # of Meals for Per Diem			
\$16	\$18	\$31	\$5
Breakfast <input type="checkbox"/> _____	Lunch <input type="checkbox"/> _____	Dinner <input type="checkbox"/> _____	Incidentals (per day) <input type="checkbox"/> _____
Total Amount of Per Diem Check per Person \$ _____ (alcohol is prohibited)			
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. Per diem receipts are not required. Please retain a copy of this form for