CROSBY INDEPENDENT SCHOOL DISTRICT
OUT OF DISTRICT TRIP
REQUEST FOR APPROVAL

NAME _____

DATE REQUESTED _____

DESTINATION-CITY AND NAME OF EVENT _____

DEPARTURE DATE _____

CAMPUS/DEPARTMENT _____

RETURN DATE _____

REGISTRATION COSTS:

	(CHECK ONE)	**AMOUNT**	
	EMPLOYEE MAILED FEE _____		P.O.# _____
	DISTRICT TO MAIL FEE _____	$ _____	VENDOR # _____

TRAVEL COSTS:
MEAL   *STUDENTS*   *ADULTS*

BREAKFAST	_____ @ $5 _____	_____ @ $6 _____		
LUNCH	_____ @ $8 _____	_____ @ $9 _____		
DINNER	_____ @ $10 _____	_____ @ $12 _____		
SUBTOTAL(S)	$ _____	$ _____		
TOTAL STUDENT AND ADULT MEALS		$ _____		

TRANSPORTATION: **EXPECTED COSTS**   **ACTUAL COSTS**

PERSONAL AUTO	_____ MILES @ $_____ PER MILE	$ _____	
COMMERCIAL TRAVEL	_____	$ _____	$ _____
MISCELLANEOUS	_____	$ _____	$ _____
TOTAL TRANSPORTATION		$ _____	

LODGING:

_____ NIGHTS AT $ _____ PER NIGHT** $ _____ $ _____

**PLEASE SEE THE PERDIEM CHART LOCATED IN THE BUSINESS OFFICE MANUAL

TOTAL COSTS OF TRIP INCLUDING ANY REGISTRATION FEES: $ _____

TRAVEL ADVANCE REQUESTED TO COVER TRAVEL COSTS EXCLUDING REGISTRATION FEES $ _____

BUDGET CODE(S): _____ $ _____

_____ $ _____

TOTAL ADVANCE $ _____

PLEASE COMPLETE THIS SECTION UPON COMPLETION OF YOUR TRIP

END OF TRIP SUMMARY
TOTAL ACTUAL EXPENSES (Please provide all required receipts) $ _____
DEDUCT TRAVEL ADVANCE $ _____
DIFFERENCE DUE TO EMPLOYEE _____   DISTRICT _____ $ _____

SIGNATURE AND DATE _____

PRINCIPAL/DIRECTOR SIGN & DATE _____

SUPERINTENDENT/ASST. SUPER. OF FINANCE SIGN & DATE

PRINCIPAL/DIRECTOR SIGN & DATE