



COLORADO CITY UNIFIED SCHOOL DISTRICT #14

Travel Request Form

(A Separate Form Must Be Used For Each Traveler)

(Except for Student Field Trips)

Vendor _____
 Please Print
 Type

NAME: _____ Department _____

Attending _____

Purpose of Travel _____

Attach copies of Conference Brochure, Printed Schedules, Etc.

Date:	Time:	From:	To:	Mileage or Other Reference:

Mode of Travel: District Vehicle Airplane Personal Vehicle License #

*Receipts Required (✓) **If prepayment is needed, all forms and necessary information MUST be completed.

ESTIMATED COSTS:

Transportation \$ _____
 Meals _____
 Lodging _____
 Registration Fee _____
 Other Costs: _____
 (Identify)
 Total \$ _____

Meal Expense Breakdown for partial day travel:

	\$7.00	\$8.00	\$9.00	\$10.00	\$11.00	\$12.00
Breakfast	\$7.00	\$8.00	\$9.00	\$10.00	\$11.00	\$12.00
Lunch	\$10.00	\$11.00	\$13.00	\$14.00	\$16.00	\$17.00
Dinner	\$17.00	\$20.00	\$22.00	\$25.00	\$27.00	\$30.00
	\$ 34.00	\$39.00	\$44.00	\$49.00	\$54.00	\$59.00

Advance Travel Requested \$ _____
 (Out of Pocket Costs Will Exceed \$40.00)

Travelers Signature _____ Date _____

Approvals

	Signatures	Date	Yes-No	Change Codes
Supervisor				
Business Manager				
Superintendent				