

Farwell ISD Advance Travel Request

Person(s) Requesting Travel: _____ Todays Date _____

Purpose of Trip: _____

Destination: _____

Number of days: _____ Number of people traveling: Staff _____ Students _____ Sponsors _____

* List of ALL staff, students and sponsors accounted for must be listed on page 2

Departure - Date _____ Time _____

Return - Date _____ Time _____

Anticipated Expenses Amount

o School Vehicle _____ Miles _____ Fuel _____

o Private Vehicle: _____ Miles _____ @ reimbursement rate Total _____

Registration Fee(s) _____ Vendor (if applicable) _____ Total _____

Lodging

Name of Hotel and Address _____

Room(s) _____ x Days _____ x Rate \$ _____

Room(s) _____ x Days _____ x Rate \$ _____

Total _____

Meals

Staff (without students)

Breakfast: _____ x Days _____ x Rate \$ 6.00 = _____

Lunch: _____ x Days _____ x Rate \$ 9.00 = _____

Dinner: _____ x Days _____ x Rate \$15.00 = _____

Total _____

Student(s) (and staff traveling with students)

Breakfast: _____ x Days _____ x Rate \$ 6.00 = _____

Lunch: _____ x Days _____ x Rate \$ 9.00 = _____

Dinner: _____ x Days _____ x Rate \$10.00 = _____

Total _____

Other Expenses

*

*

Total _____

Total Anticipated Expenses

Total _____

Supervisor Signature: _____

Date _____

Farwell ISD Advance Travel Request

Staff included in advance travel request	
1.	2.
3.	4.
5.	6.
7.	8.
9.	10.
Students included in advance travel request	
1.	2.
3.	4.
5.	6.
7.	8.
9.	10.
11.	12.
13.	14.
15.	16.
17.	18.
19.	20.
21.	22.
23.	24.
25.	26.
27.	28.
29.	30.
Sponsors included in advance travel request (Must have prior approval from Superintendent)	
1.	2.
3.	4.