

HOWE INDEPENDENT SCHOOL DISTRICT

TRAVEL ADVANCE REQUEST

* THIS FORM MUST BE ACCOMPANIED BY A HOWE ISD PURCHASE ORDER

TRAVELER: _____

CHECK ONE: FACULTY/STAFF MEMBER STUDENT(S) (must attach complete roster) BOTH

DATE ADVANCE SUBMITTED: _____ REQUISITION #: _____

DESTINATION | CITY/STATE: _____

PURPOSE OF TRIP (be specific) _____

DEPARTURE DATE: _____ ESTIMATED DEPARTURE TIME: _____ AM PM

RETURN DATE: _____ ESTIMATED RETURN TIME: _____ AM PM

EXPENSES (please list all attendees below | or attach roster)

MEALS | ADULTS | Maximum of \$30.00/day aggregate per attendee

Bkft: \$ 8.00/day x _____ days x _____ attendees = \$ _____

Lunch: \$10.00/day x _____ days x _____ attendees = \$ _____

Dinner: \$12.00/day x _____ days x _____ attendees = \$ _____

MEALS | STUDENTS | Maximum of \$25.00/day aggregate per attendee

Bkft: \$ 7.00/day x _____ days x _____ attendees = \$ _____

Lunch: \$ 8.00/day x _____ days x _____ attendees = \$ _____

Dinner: \$10.00/day x _____ days x _____ attendees = \$ _____

Subtotal | MEALS: \$ _____

LIST OF ATTENDEES (please list all attendees below | or attach roster)

TRANSPORTATION

*Mileage: _____ x \$.45/mile \$ _____

*MUST attach copy of MapQuest or Google Maps as documentation

Airfare \$ _____

Taxi, Parking, etc. (RECEIPTS REQUIRED) \$ _____

Car Rental \$ _____

Fuel Card requested: Yes (RECEIPTS REQUIRED) No

Subtotal | TRANSPORTATION: \$ _____

OTHER EXPENSES

Registration \$ _____

Other (itemize) \$ _____

_____ \$ _____

Subtotal | OTHER: \$ _____

TOTAL AMOUNT TO BE ADVANCED BY DISTRICT: \$ _____

APPROVED | PRINCIPAL (if applicable): _____ DATE: _____

APPROVED | BUSINESS MANAGER: _____ DATE: _____

IMPORTANT: TRAVEL RECEIPT FORM 202 MUST BE SUBMITTED TO BUSINESS OFFICE
WITHIN 10 DAYS AFTER COMPLETION OF TRIP | ALL RECEIPTS ARE REQUIRED FOR REIMBURSEMENT