

# HOWE INDEPENDENT SCHOOL DISTRICT

## TRAVEL ADVANCE ACCEPTANCE FORM

**EMPLOYEE | SPONSOR:** \_\_\_\_\_

**DEPARTMENT | ORGANIZATION:** \_\_\_\_\_

**DESTINATION | CITY/STATE:** \_\_\_\_\_

**PURPOSE OF TRIP** *(be specific)* \_\_\_\_\_

**DEPARTURE DATE:** \_\_\_\_\_ **DEPARTURE TIME:** \_\_\_\_\_

**RETURN DATE:** \_\_\_\_\_ **RETURN TIME:** \_\_\_\_\_

NAME: Employee   Student	Amount Advanced	SIGNATURE: Employee   Student