

FORT STOCKTON INDEPENDENT SCHOOL DISTRICT

TRAVEL REQUEST

Submit Request At Least 2 Weeks Prior to Departure

Handwritten Request Will Not Be Accepted

Attach copy of event schedule. Attach Overnight Travel Expenses form for overnight travel

Date Submitted:	<input type="text"/>	<input type="checkbox"/> Student Travel:	<input type="text" value="Student Count"/>	<input type="checkbox"/> Staff Travel:	<input type="text" value="Staff Count"/>
Staff Members Traveling:	<input type="text" value="Names of staff traveling"/>				
Contact Person & Campus:	<input type="text" value="Name and campus of Contact Person"/>				
Name of Event:	<input type="text" value="Event title"/>				
Purpose:	<input type="text" value="Staff Development, Training, School Business, Contest, etc."/>				
Event Dates and City:	<input type="text" value="Dates and City/Location of Event"/>				
Vehicle Destination:	<input type="text" value="Location where vehicle will be parked"/>				
Departure Date:	<input type="text"/>	Return Date:	<input type="text"/>		
Departure Time:	<input type="text"/>	Return Time:	<input type="text"/>		
Vehicle(s) Requested:	<input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Personal Vehicle (no mileage paid if school vehicle available)				
Bus Driver Needed:	<input type="checkbox"/> Yes <input type="checkbox"/> No - name(s) required:		<input type="text" value="Names of precleared drivers"/>		
Meal Arrangements for Driver(s):	<input type="text" value="Meal arrangements for driver(s)"/>				
Special Instructions:	<input type="text" value="Special needs or instructions"/>				
Sponsor/Volunteer Driver Names:	<input type="text" value="Names of precleared sponsors or volunteers who will be driving"/>				

Preclearance from Transportation Department required for all drivers prior to departure date - 4 week process

APPROVALS

1) Supervisor(s) of Participant(s)	<input type="text"/>	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:	<input type="text"/>
2) Central Office	<input type="text"/>	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:	<input type="text"/>
3) Transportation Secretary	<input type="text"/>	Processed		Date:	<input type="text"/>
4) Transportation Supervisor	<input type="text"/>	Vehicle Assigned		Date:	<input type="text"/>

VEHICLE ASSIGNMENT

Bus#
 Van#
 Car# Other:

Personal Vehicle - No vehicle available. Mileage will be paid.
 Personal Vehicle - Vehicle available. Mileage will not be paid.

TRIP EXPENSE

Completed by Transportation Department
 Bus - \$1.00 per mile or \$25.00 local trip - Van - \$.50 per mile or \$7.50 local trip

Bus/Car/Van #	Vehicle number	Vehicle number	Vehicle number	Vehicle number	Vehicle number
Beginning Mileage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ending Mileage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Mileage	0.0	0.0	0.0	0.0	0.0
Cost Per Mile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Charge	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

BUDGET INFORMATION

Budget Code(s)	Amount Charged
<input type="text"/>	\$0.00
<input type="text"/>	\$0.00
TOTAL TRIP COST	\$0.00

Transportation Department will distribute copies: Transportation Department - Accounts Payable - Finance - Contact Person x 2 - Contact Person will attach approved copy to PO