

Fort Stockton ISD Overnight Travel Form

(Due in Central Office 2 Weeks Prior to Departure with travel request form)

Employee: _____ Campus: _____

Departure Date: _____ Time: _____ Return Date: _____ Time: _____

Reason for Travel: _____ (attach itinerary or schedule)

Budget Code: _____ # of Students Traveling: _____

Professional Travel: # of Breakfasts _____ @ \$8.00 = \$ _____

of Lunches _____ @ \$11.00 = \$ _____

of Dinners _____ @ \$16.00 = \$ _____

Total Meal Allowance \$ _____

Hotel Accommodations: # of Nights _____ \$ _____

Car Mileage: # of Miles Traveled _____ @ \$ 0.31 = \$ _____

Other Travel Expenses: (for air travel, parking, tolls, etc.)

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Other Travel Expenses \$ _____

Deduct Advances & Personal Expenses: _____ \$ _____

TOTAL TRAVEL EXPENSES: \$ _____

Signatures:

Employee: _____ Date: _____

Supervisor: _____ Date: _____

Central Office: _____ Date: _____