

Farwell ISD Advance Travel Request

Person(s) Requesting Travel: _____ Date _____

Purpose of Trip: _____

Destination: _____

Budget Account Code(s) For Travel (required) _____

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
<ul style="list-style-type: none"> ○ School Vehicle ○ Charter Bus ○ Air Fare: \$ _____ x Number of Travelers _____ ○ Private Vehicle: _____ miles x rate \$ 0.45 	<ul style="list-style-type: none"> \$ _____ \$ _____ \$ _____
Registration Fee: \$ _____ x Number of Attendees _____	\$ _____
Lodging Room(s) _____ x Days _____ x Rate \$ _____ Room(s) _____ x Days _____ x Rate \$ _____ Room(s) _____ x Days _____ x Rate \$ _____ Room(s) _____ x Days _____ x Rate \$ _____	<ul style="list-style-type: none"> \$ _____ \$ _____ \$ _____ \$ _____
Meals Staff Breakfast: _____ x Days _____ x Rate \$ 6.00 Lunch: _____ x Days _____ x Rate \$ 9.00 Dinner: _____ x Days _____ x Rate \$ 15.00 Student(s) Breakfast: _____ x Days _____ x Rate \$ 5.00 Lunch: _____ x Days _____ x Rate \$ 8.00 Dinner: _____ x Days _____ x Rate \$ 8.00	<ul style="list-style-type: none"> \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Other Expenses * _____ * _____ * _____ * _____	<ul style="list-style-type: none"> \$ _____ \$ _____ \$ _____ \$ _____
Total Anticipated Expenses	\$ _____

Supervisor Signature: _____ Date: _____

** Supervisor is certifying that funds are available for requested travel.

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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.