



**ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT
TRAVEL REQUEST FORM**

Name of Employee: _____ Campus/ Dept: _____

Name of Event: _____ Location: _____

Event Start Date: _____ Time: _____ Event End Date: _____ Time _____

Departure City/State: _____ Date: _____ Time: _____ AM/PM

Return City/State: _____ Date: _____ Time: _____ AM/PM

PLANE FARE: () Purchase Order () P-Card Travel Agency () Req # _____

Fare Payable To: _____ \$ _____

HOTEL LODGING: () P-Card () Purchase Order Req # _____

No. of Days _____ @ \$ _____ per day (*attach hotel confirmation*) \$ _____

Local Budget: _____

Federal Budget: _____

Per Diem for MEALS: (*No receipts required*) Req # _____

No. of Days _____ @ \$ _____ per day= \$ _____

Check meal per diem rates at: <http://www.gsa.gov/portal/category/100120>

MILEAGE REIMBURSEMENT: (*Outside of Ector County only*) Req # _____

Round Trip Total Miles: _____ @ IRS rate \$ _____ = \$ _____

*Calculate mileage at: <http://www.mapquest.com> (*attach MapQuest directions*)*

REGISTRATION: () P-Card () Purchase Order Req # _____

Registration Fee Needed for Event: _____ \$ _____

Registration Payable to: _____

*****attach completed registration form**

CAR RENTAL: () P-Card () Purchase Order Req # _____

Rental Car Fee: \$ _____

OTHER EXPENSES: () P-Card () Purchase Order Req # _____

Other expenses, please describe: _____

_____ \$ _____

Total Estimated Cost of Trip: \$ _____

I have read & accepted responsibility for compliance with the Ector County ISD Travel Guidelines.

***Employee Note: I hereby give ECISD authority to deduct the advanced business expenses indicated above from my payroll check if I fail to submit a Travel Settlement Form with receipts required. (IRS Regulation).

Employee's Signature: _____ Date: _____

Approved By: _____ Date: _____

Principal / Supervisor

Federal/State Director Approval (if applicable): _____