



ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT

TRAVEL REQUEST FORM - STUDENT GROUP

Name of Employee: _____ Campus/ Dept: _____

of Students in Group: _____ Attach list of Students: _____

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

P-Card: Airline Tickets: # of tickets _____ @ \$ _____ Total of Tickets: \$ _____

P-Card: Lodging: # of Days _____ @ \$ _____ per day X _____ of rooms = Total for Lodging: \$ _____

P-Card: Estimated Meals:

of Students _____ @ \$ _____ per day X # of Days _____ Total of Meals \$ _____

Budget #: _____

Total Requested Amount needed for Non **P-Card** use: \$ _____

Req # _____ (Where credit cards are not accepted)

REGISTRATION FEE/ENTRY FEE

Method of Payment: () **P-Card** () Purchase Order

Registration or Entry Fee Needed for Event: _____ Total \$ _____

Registration or Entry Fee Payable To: _____

Req # _____ Budget #: _____

OTHER ESTIMATED EXPENSES

Method of Payment: () **P-Card** () Purchase Order

Other Estimated Expenses(must include justification) _____

Total \$ _____

Req # _____ Budget #: _____

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): _____