

SILSBEE INDEPENDENT SCHOOL DISTRICT  
OVERNIGHT TRIP REQUEST FORM 2021-2022 (for travel after 01/01/2022)  
(COMPLETION OF THIS FORM DOES NOT GENERATE PAYMENT)

NAME \_\_\_\_\_ DATE \_\_\_\_\_

DATE LEAVING: \_\_\_\_\_ DATE RETURNING: \_\_\_\_\_

EST. TIME OF DEPARTURE: \_\_\_\_\_ EST. TIME RETURNING: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

TRAVELING WITH STUDENTS: \_\_\_\_\_ YES \_\_\_\_\_ NO

NAME OF CONFERENCE/SEMINAR/WORKSHOP: \_\_\_\_\_

DATE/S of conference/event \_\_\_\_\_

ESTIMATED COST:

CONFERENCE OR REGISTRATION FEE \_\_\_\_\_

**\*Attach conference schedule\***

HOTEL \_\_\_\_\_

**\*Attach copy of estimated hotel cost\***

MILEAGE: Total car mileage at 58.5 cents per mile \_\_\_\_\_

**\*Attach copy of Mapquest\***

FOOD: \_\_\_\_\_

**\*Estimate the cost of your meals based on district per diem rates of \$15, \$15, \$25\***

OTHER EXPENSE: \_\_\_\_\_

**\*Please include description : Parking, etc.\***

**TOTAL:** \_\_\_\_\_

BUDGET NUMBER: \_\_\_\_\_

\_\_\_\_\_ Initials of person verifying that funds are available for travel. (Business office use only)

APPROVAL

\_\_\_\_\_  
DEPARTMENT HEAD/DIRECTOR/SUPERVISOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINCIPAL

\_\_\_\_\_  
DATE

\_\_\_\_\_  
\* SUPERINTENDENT

\_\_\_\_\_  
DATE\*

**ATTACH A COPY OF THE APPROVED OVERNIGHT TRIP REQUEST TO ALL PAYMENT REQUESTS ASSOCIATED WITH TRIP. IF PO IS BEING ISSUED FOR CONFERENCE PLEASE ATTACH THIS FORM TO THE REQUISITION.**

**Purpose of travel:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_