

SILSBEE INDEPENDENT SCHOOL DISTRICT
OVERNIGHT TRIP REQUEST FORM 2021-2022
(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 56 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: _____
