

South Texas Independent School District
STAFF AND STUDENT TRAVEL REQUEST

Name: _____ Campus: _____

Destination: _____

Function: _____

Departure - Date & Time: Date Time AM PM
 ___/___/___ _____

Return - Date & Time of Arrival : Date Time AM PM
 ___/___/___ _____

Anticipated Expenses

Travel	Amount
Public transportation: Air fare, Charter Bus, etc.	\$ _____
Private vehicle: _____ miles x rate \$ _____	\$ _____
School Bus: _____ miles x rate \$ _____ x Number of buses _____	\$ _____
Registration Fee:	\$ _____
Lodging	
Room(s) _____ x Days _____ x Rate \$ _____	\$ _____
Room(s) _____ x Days _____ x Rate \$ _____	\$ _____
Room(s) _____ x Days _____ x Rate \$ _____	\$ _____
Meals & Incidentals	
Staff _____ x Days _____ x Rate \$ _____	\$ _____
Staff _____ x Days _____ x Rate \$ _____	\$ _____
Staff _____ x Days _____ x Rate \$ _____	\$ _____
Student _____ x Days _____ x Rate \$ _____	\$ _____
Student _____ x Days _____ x Rate \$ _____	\$ _____
Student _____ x Days _____ x Rate \$ _____	\$ _____
Other Expenses	
* _____	\$ _____
* _____	\$ _____
* _____	\$ _____
* _____	\$ _____
* _____	\$ _____
* _____	\$ _____
Total	\$ _____

Signature: _____

Comments