CANTON ISD OVERNIGHT TRAVEL FORM

SECTION I: TRAVEL DESCRIPTION - Attach a Conference Agenda with sessions highlighted

Employee Name:

Travel Date(s)

Purpose	
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Departure time: _____ Arrival Time:

REGISTRATION FEES - A PURCHASE ORDER MUST ISSUED IN ADVANCE FOR ALL REGISTRATION FEES CIRCLE ONE: MAIL OR RETURN CHECK TO PAYEEE:

EMPLOYEE FOR

	LODGING: Hotel Confirmation Must Be Attached	
WYON LAUPS	XX= # of Nights # of Rooms ** Room Cost Shared with employee: Hotel Nam <u>e:</u> An itemized hotel bill must be sent to the Business Office within five days after travel has been completed. ** Include city tax when estimating room cost. State tax exempt - not reimbursable. Once travel request is approved, card details will be sent to book hotel.	Total Lodging Cost
	MEALS: Meals provided by the conference, hotel, parent, booster club or other vendor will not be paid Per Diem # of Meals \$10.00 X \$12.00 X \$18.00 X Check/EFT Payable To:	Total Meal Cost
	MILEAGE: X \$0.50 = *Mileage Rate * A Google Map must be attached	Total Mileage Cost
	ESTIMATED TOTAL COST: Budget Code(s)	Total Estimated Cost