

# Travel Request for Federal Funds

Gregory-Portland ISD

**\*Please print form on YELLOW paper.**

**\*Name of Employee** \_\_\_\_\_ **Campus** \_\_\_\_\_  
Select Campus from pull down option.

**\*Trip To:** \_\_\_\_\_  
City and State

**\*Purpose** \_\_\_\_\_  
Name of Convention/Workshop/Conference Workshop No.

**\*Leaving** \_\_\_\_\_  
Date Time of Day

**\*Returning** \_\_\_\_\_  
Date Time of Day

**ADVANCE:**

**1. Lodging** \_\_\_\_\_ **Total** \_\_\_\_\_  
Name of Hotel - Hotel receipt required

**Account Number** \_\_\_\_\_

**Account Number** \_\_\_\_\_

**2. Entry/Registration Fee** \_\_\_\_\_ **Total** \_\_\_\_\_

**Purchase order #:** \_\_\_\_\_

**3. Transportation:** \_\_\_\_\_ **Total** \_\_\_\_\_

(Plane, rented vehicle, etc.)

**Account Number** \_\_\_\_\_ **Total Advance** \_\_\_\_\_

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**Signature of person or persons performing travel:**

**Failure to sign form will delay the travel request processing .**

\* \_\_\_\_\_ Principal or Director Date

\* \_\_\_\_\_

\* \_\_\_\_\_ Federal Programs Director Date

\* \_\_\_\_\_ Business Manager Date

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**REIMBURSEMENT:**

**1. Meals up to \$36.00 per day (original detailed receipts required).** **Amount** \_\_\_\_\_

**2. Car Allowance:** \_\_\_\_\_ **miles @ \$0.55 per mile** **Amount** \_\_\_\_\_

**3. Other expenses:** \_\_\_\_\_ **i.e.: parking, cabs** **Amount** \_\_\_\_\_

**Account Number** \_\_\_\_\_ **Total Reimbursement** \_\_\_\_\_