

# Gregory-Portland ISD

## Travel Request

**\*\*Please print form on green paper before submitting to Central Office.**

**\*Name of Employee** \_\_\_\_\_ **Campus** \_\_\_\_\_

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

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

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

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

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

**2. Entry/Registration Fee** \_\_\_\_\_ **Total \$** \_\_\_\_\_  
Make Check or Purchase Order Payable To

**3. Fares (bus, plane, etc)** \_\_\_\_\_ **Total \$** \_\_\_\_\_

**Per diem- Staff: Full day(s)** \_\_\_\_\_ **@ \$36.00 X** \_\_\_\_\_ **Total \$** \_\_\_\_\_  
No. of days No of Persons

**Per diem- Staff: Half day(s)** \_\_\_\_\_ **@ \$18.00 X** \_\_\_\_\_ **Total \$** \_\_\_\_\_  
No. of days No of Persons

**Per diem- Student:** \_\_\_\_\_ **@** \_\_\_\_\_ **X** \_\_\_\_\_ **Total \$** \_\_\_\_\_  
No. of students Per Day No. of days

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

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

**REIMBURSEMENT:**

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

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

**Total Reimbursement** \_\_\_\_\_

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

\_\_\_\_\_  
**\*Principal/Director/Administrator** Date

\_\_\_\_\_  
Business Manager /Accountant Date