

ATHLETICS TRAVEL EXPENSE REQUEST

(AS OF 09/28/2017)

School: _____

Date of Trip: _____

Date/Time of Departure: _____

Date/Time of Return: _____

Purpose of Trip: _____

Place: _____

City and State: _____

Means of Transportation: _____

	Breakfast	Lunch	Supper	
Staff Meals:	\$7.00 =	@ \$7.00 =	@ \$7.00 =	_____
	Breakfast	Lunch	Supper	
Student Meals:	\$7.00 =	@ \$7.00 =	@ \$7.00 =	_____
	Breakfast	Lunch	Supper	
Sponsor Meals:	\$7.00 =	@ \$7.00 =	@ \$7.00 =	_____
Other Expenses:				_____
Total Amount Requested:				_____

Budget Code: _____ Amount: _____

Budget Code: _____ Amount: _____

Budget Code: _____ Amount: _____

See LISD Business Procedures Manual for High Cost Local & Rate

PERSON MAKING REQUEST

ATHLETIC DIRECTOR

