

DIP/CIP  
 GOAL \_\_\_\_\_  
 OBJ. \_\_\_\_\_  
 STR. \_\_\_\_\_

**San Benito Consolidated Independent School District  
 TRAVEL REQUEST FORM**

For Government Allocations visit: <https://www.gsa.gov/travel-resources>



NAME: \_\_\_\_\_

Campus Name \_\_\_\_\_

DATE	DESTINATION AND PURPOSE OF TRAVEL	NO. OF MILES

**REGISTRATION FEE**

Payable To: \_\_\_\_\_ Amount: \_\_\_\_\_

**TRANSPORTATION**

\_\_\_\_\_ Fuel Expense \_\_\_\_\_ Estimated Expense \_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_ Airplane: One-Way \_\_\_\_\_ Round-Trip \_\_\_\_\_ Tax \_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_ Rental Car Name \_\_\_\_\_ # days \_\_\_\_\_ @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_ Personal Auto \_\_\_\_\_ # of Miles \_\_\_\_\_ @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_ Charter Bus \_\_\_\_\_ Estimated Expense \_\_\_\_\_ Paid \_\_\_\_\_ = \$ \_\_\_\_\_

**LODGING**

Hotel Name \_\_\_\_\_ # Nights \_\_\_\_\_ @ \_\_\_\_\_ + Fees \_\_\_\_\_  
 Not to exceed Federal Domestic Maximum Allowance based on locality or city - Less State Tax 6.075% + Tax \_\_\_\_\_

Hotel Parking # of Days \_\_\_\_\_ @ \_\_\_\_\_ \$ \_\_\_\_\_ **Hotel Total** = \_\_\_\_\_

**MEALS**

**75% DAILY ALLOWANCE First Day and Last Day based on GSA**

Date/Day 1	\$	Date/Day 4	\$
Date/Day 2	\$	Date/Day 5	\$
Date/Day 3	\$	Date/Day 6	\$

Total Meal Requested = \$ \_\_\_\_\_

Account #	Total Amount:
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**STIPEND**

(Full Day \$100.00/Half Day \$50.00)

Number of Days \_\_\_\_\_ X \$100.00 = \$ \_\_\_\_\_ Number of Days \_\_\_\_\_ X \$75.00 = \$ \_\_\_\_\_

Account #	Total Amount:
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I certify that the above information is true and correct to the best of my knowledge. I also acknowledge that I am responsible for providing all required receipts and meal settlement form.

\_\_\_\_\_  
 Requester's Signature / Date

\_\_\_\_\_  
 Administrators Signature /Date

\_\_\_\_\_  
 Superintendent's Signature / Date

\_\_\_\_\_  
 Asst. Superintendent Finance & Operations / Date

*Supporting documentation must be printed and attached. Once approved, individual purchase order requisitions must be prepared and attach this form to the employee's Meal Request Form if applicable.*