

**ADVANCE REQUEST FOR OUT OF DISTRICT TRAVEL
AND
VEHICLE REQUEST**

DATE OF MEETING: _____ TIME OF MEETING: _____

DATE/TIME OF DEPARTURE: _____

DATE/TIME OF RETURN: _____

DESTINATION AND PURPOSE OF TRIP: _____

SPONSORS/GROUP MAKING TRIP, INCLUDING LIST OF STUDENTS: _____

VEHICLE REQUESTED: SUBURBAN BUS VAN PERSONAL AIRPLANE
(CIRCLE ONE)

NEED DRIVER: YES NO

IF "NO", NAME DRIVER TO BE USED: _____

DRIVER'S LICENSE #: _____

ESTIMATE OF EXPENSES:

MILEAGE: _____ X \$0.35 PER MILE (IF PERSONAL VEHICLE) \$ _____

MEALS PER DIEM (\$6 BREAKFAST \$10 LUNCH \$12 DINNER) \$ _____

STUDENT PER DIEM (\$3 BREAKFAST \$5 LUNCH \$7 DINNER) \$ _____

DUES, FEES, OR REGISTRATION: \$ _____

LODGING (RECEIPT NEEDED): \$ _____

TOTAL ESTIMATED COST: \$ _____

IF AN ADVANCE IS REQUIRED, LIST AMOUNT: \$ _____

ALL CREDIT CARD RECEIPTS MUST BE RETURNED WITH THE CARD IMMEDIATELY UPON RETURN.

SIGNATURE OF PERSON MAKING REQUEST: _____

DATE: _____ DATE ADVANCE NEEDED: _____

PRINCIPAL'S SIGNATURE: _____ DATE: _____

SUPERINTENDENT'S SIGNATURE: _____ DATE: _____