VENDOR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VENDOR #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Meals | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 |
| Breakfast |  |  |  |  |  |
| Lunch |  |  |  |  |  |
| Dinner |  |  |  |  |  |
| Totals: |  |  |  |  |  |

PR#: PR\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do not write above this line … For Business Office Use Encumbered: \_\_\_\_\_\_\_\_\_

Edgewood ISD

TRAVEL/MEALS/FIELD TRIP Expense Authorization Request

(Complete no less than two weeks in advance of Registration deadline)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Campus: HS MS IS ES SSA

Travel: Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Destination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of Travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please include: Workshop/Conference name and number for reference. Have you submitted a PO for Registration fee?

Is this travel Required or Supplemental? (please circle one)

Possible hotel name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room rate: $\_\_\_\_\_\_\_\_ per night Parking rate: $\_\_\_\_\_\_

Estimated Vehicle Miles: (attach Mapquest page) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of Passengers: \_\_\_\_\_\_\_

Have you submitted appropriate vehicle request?

Meal(s): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maximum allowable: (Breakfast $9.00; lunch $11.00; dinner $13.00)

Lunch only is allowed for one day workshop/conference.

Field Trip: Grade/Group: \_\_\_\_\_\_\_\_\_\_ # of students \_\_\_\_\_\_ Cost/student: \_\_\_\_\_\_ Activity Acct Reimb?: Y/N

This is your request for credit card to secure hotel, credit card for fuel, and meal reimbursement approval.

This form is **not** used to register for conference/workshop. Please use the online Purchase Order system for registration.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date Submitted

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus Principal Signature Date Submitted

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Office Signature Date