

**LINDALE INDEPENDENT SCHOOL DISTRICT
Sponsor & Student Travel Expense Form**

Traveler _____ Campus _____ Phone EXT. _____

Purpose of Travel _____

Destination of Travel _____

Date of Departure: _____ Time: _____

Date of Return: _____ Time: _____

Attach a list of Sponsors & Students for Meals & Hotel Lodging

MILEAGE: Attach Mapquest.com mileage documentation

Mileage Round Trip _____ @ _____ = _____

MEALS: Attach Meal Money Receipt Sign-Off Form (listing names). Keep a copy, obtain signatures, documenting receipt of cash. Submit to the business office within 5 days of return.

CHECK _____	EMPLOYEES	Breakfast # _____ @ _____ 7.00 = _____	Lunch # _____ @ _____ 9.00 = _____	Dinner # _____ @ _____ 20.00 = _____	STUDENTS	Breakfast # _____ @ _____ 5.00 = _____	Lunch # _____ @ _____ 6.00 = _____	Dinner # _____ @ _____ 9.00 = _____
C.CARD _____								
Total Employee Meals _____					Total Student Meals _____			

LODGING: Remit hotel receipt(s) within 5 days of return

HOTEL NAME: _____ **HOTEL ADDRESS:** _____

Nights	Rooms	Room Rate	Total
Sub-Total			
City Tax (enter as decimal i.e. .08)			
Parking			
Total Hotel Charges			

****call hotel for city tax amount**

OTHER EXPENSES (List and attach receipts)

Total Expense Claimed _____

Submitted by _____

Budget Code _____

Date Requested _____ Date Needed _____

Business Office Approval _____

Principal or Department Director Approval _____

Director of Finance Approval _____