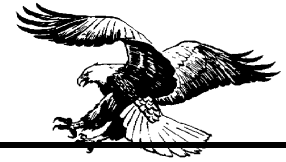


PLEASANTON INDEPENDENT SCHOOL DISTRICT APPLICATION FOR TRAVEL



Employee: _____ Campus: _____

Purpose of Trip: _____

City: _____

Depart: _____

Return: _____

Departure Time: _____

Return Time: _____

Number of Persons: _____

Conference Hotel

To be Completed After Employee's Return

Anticipated Expenses:		Amount
Lodging: (\$85 per day plus tax)	Amount	Amount
_____ days @ _____ Per Day	_____ *	_____ *
Registration / Fees:	_____ *	_____ *
Travel / Air:	\$ _____ *	\$ _____ *
Car Rental:	\$ _____ *	\$ _____ *

Travel / Automobile:		
_____ miles @ 50 ¢ per mile **	\$ _____	
Parking:	_____	
Meals: _____ Breakfast @ \$10 =	\$ _____	
_____ Lunch @ \$12 =	\$ _____	
_____ Dinner @ \$14 =	\$ _____	
Miscellaneous:	\$ _____	
Total Anticipated Expenses:	_____	_____

Requested Reimbursement:		Amount
Attach Receipts	\$ _____	\$ _____
If Paid	\$ _____	\$ _____
By Employee	\$ _____	\$ _____

_____ Miles @ 50 ¢ per mile **	\$ _____	\$ _____
Attach Parking Receipts	\$ _____	\$ _____
_____ Breakfast @ \$10 =	\$ _____	\$ _____
_____ Lunch @ \$12 =	\$ _____	\$ _____
_____ Dinner @ \$14 =	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total Reimbursement:	\$ _____	\$ _____
Requested		

*** Purchase Orders Required - Must reference TA #**

BUDGET CODE: _____ \$ _____
 BUDGET CODE: _____ \$ _____
 BUDGET CODE: _____ \$ _____

Approved () _____
 Disapproved () Assistant Superintendent Date

 Employee Signature Date

TA# _____
Amount Encumbered \$ _____

 Supervisor Date

 Budget Manager (If Required) Date

Attach receipts for parking, and all other expenditures, except meals and mileage.

Submit Original Copy for Approval, Original and One Copy will be Returned Upon Approval with TA #.
 After Travel Completed, Return Completed Original with Necessary Receipts for Reimbursement

Approved
 01/01//2010

** Use Goggle Maps - (831 Stadium Drive, Pleasaanton, TX to Destination City only). Attach copy.
 School District will reimburse only if a school vehicle is not available.