

**COLEMAN INDEPENDENT SCHOOL DISTRICT
STAFF TRAVEL FORM C - SCHOOL CHARGE REQUEST FORM**

Date of Request: _____

Name: _____

School: _____

Destination (City): _____

Event: _____

Event Begin Date and Time: _____

Event End Date and Time: _____

Departure Date: _____

Departure Time: _____ A.M. _____ P.M.

Return Date: _____

Return Time: _____ A.M. _____ P.M.

REQUESTED SCHOOL PAYMENT:

MEALS:

Requested Number of Meals:

_____ Breakfast \$8.00	_____ Lunch \$12.00	_____ Dinner \$16.00	\$ _____
<i>Leave before 6:00 a.m. or return after 7:00 a.m.</i>	<i>Leave before 12:00 p.m. or return after 1:00 p.m.</i>	<i>Leave before 7:00 p.m. or return after 8:00 p.m.</i>	

LODGING: # of nights _____ @ _____ per night \$ _____

Hotel Name: _____

Paid by credit card? _____ or Paid by school check? _____

Card used: _____ Name on Card: _____

CONFERENCE REGISTRATION: \$ _____

Paid by credit card? _____ or Paid by school check? _____

Card used: _____ Name on Card: _____

Parking/Toll Fees: \$ _____

Fuel Fees: \$ _____

Miscellaneous Fees: _____ \$ _____

_____ \$ _____

****All charges must be requested before travel occurs – MUST turn in all original receipts immediately upon return***

I certify that the above is true and correct.

Signed: _____
Employee Date

Approved: _____
Director/Principal Date