



# Gonzales Independent School District

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## Staff Development Travel Request

Purchase Order Number: \_\_\_\_\_

Destination (City): \_\_\_\_\_ Date of Travel: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Group Leader: \_\_\_\_\_ Other Employees Attending: \_\_\_\_\_

Date & Time Leaving: \_\_\_\_\_ Date & Time Returning: \_\_\_\_\_

Registration Fees: \$ \_\_\_\_\_/person x \_\_\_\_\_ people = \$ \_\_\_\_\_

Make Registration Fees Payable To:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Registration Fees Due By (date): \_\_\_\_\_

School Car Requested: Yes No Model / Unit #: \_\_\_\_\_

# of Miles \_\_\_\_\_ x \$ \_\_\_\_\_/mile\* = \$ \_\_\_\_\_

Personal Vehicle Mileage: # of Miles \_\_\_\_\_ x \$ \_\_\_\_\_/mile\* = \$ \_\_\_\_\_

Make Mileage Check Payable To: \_\_\_\_\_

Note: When calculating mileage, count the miles to your destination and back home.

Substitute Needed: Yes No # of Days \_\_\_\_\_ x \$ \_\_\_\_\_/day\*\* = \$ \_\_\_\_\_

*(Continued on back)*

\* Please contact Transportation for current mileage reimbursement rates.

\*\* Please contact Human Resources (Business Office) for current substitute rates.

**For Overnight Trip Only:**

Hotel:

Name: \_\_\_\_\_

Address (with City): \_\_\_\_\_

Names of Employees Staying: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ # of Employees x \$\_\_\_\_/night\* x \_\_\_\_\_ # of nights = \$\_\_\_\_\_

Employee Meals (For Overnight Trip Only):

Breakfast: \_\_\_\_\_ Number of Meals @ \$10.00 = \$\_\_\_\_\_

Lunch: \_\_\_\_\_ Number of Meals @ \$13.00 = \$\_\_\_\_\_

Dinner: \_\_\_\_\_ Number of Meals @ \$13.00 = \$\_\_\_\_\_

**Other information to include on requisition:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Codes To Be Filled in By Principal/Director - Totals Filled in By Employee:**

Code for Fees/Hotel: \_\_\_\_\_ Total: \$\_\_\_\_\_

Code for Employee Meals: \_\_\_\_\_ Total: \$\_\_\_\_\_

Code for Mileage: \_\_\_\_\_ Total: \$\_\_\_\_\_

Code for Substitute: \_\_\_\_\_ Total: \$\_\_\_\_\_

**Submitted By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*Please contact Accounts Payable (Business Office) for current hotel reimbursement rates.*