# CANTON ISD OVERNIGHT TRAVEL FORM

**SECTION I: TRAVEL DESCRIPTION - Attach a Conference Agenda**

Name: _____     Travel Date(s) _____

Purpose: _____     Travel Times: _____

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**REGISTRATION FEES - A PURCHASE ORDER MUST ISSUED IN ADVANCE FOR ALL REGISTRATION FEES**

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| **LODGING: Hotel Confirmation Must Be Attached** <br><br> _____ X _____ X _____ = <br> # of Nights   # of Rooms    ** Room Cost <br><br> Shared with employee: _____ <br><br> *Check Payable To: _____ <br><br> * Required if prepayment is requested.  An itemized hotel bill must be sent to the Business Office within seven days after travel has been completed.   ** Include city tax when estimating room cost.  State tax exempt - not reimburseable. | _____ <br> **Total Lodging Cost** |

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|---|---|
| **MEALS:** A Maximum of 2 Meals paid on departure and return dates; Meals provided by the conference or hotel will not be paid. <br><br> Per Diem      # of Meals        Total <br> $7.00    X _____ = _____ <br> $8.00    X _____ = _____ <br> $15.00   X _____ = _____ <br><br> *Check Payable To: _____ <br> * Required if prepayment is requested. | _____ <br> **Total Meal Cost** |

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|---|---|
| **MILEAGE:** <br><br> _____ X       $0.50 = _____ <br> *Mileage          Rate <br><br> * A Mapquest or Google Map must be attached | _____ <br> **Total Mileage Cost** |

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|---|---|
| **ESTIMATED TOTAL COST:** <br><br> Budget Code(s)   _____ <br> _____ | _____ <br> **Total Estimated Cost** |

Requested By: _____     Date: _____

Approved By: _____     Date: _____

8/4/2016