

CANTON INDEPENDENT SCHOOL DISTRICT

Sponsor & Student Travel Expense Form

Sponsor _____ Campus _____

Purpose of Travel _____

Destination of Travel _____

Date of Departure: _____ Time: _____

Date of Return: _____ Time: _____

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

MEALS: Obtain signatures documenting receipt of cash. Submit to the business office within 5 days of return

EMPLOYEES

STUDENTS

Breakfast # _____ @ _____ 7.00 = _____
 Lunch # _____ @ _____ 8.00 = _____
 Dinner # _____ @ _____ 15.00 = _____

Breakfast # _____ @ _____ 5.00 = _____
 Lunch # _____ @ _____ 7.00 = _____
 Dinner # _____ @ _____ 10.00 = _____

Total Employee Meals _____

Total Student Meals _____

LODGING: Attach Rooming List. Remit hotel receipt(s) within 5 days of return

HOTEL NAME: _____

Sponsor Hotel Room

Student Hotel Room

# Nights	# Rooms	Room Rate	Total
Sub-Total			
City & Local Tax			

# Nights	# Rooms	Room Rate	Total
Sub-Total			
City & Local Tax			

Total Sponsor Hotel Charges

Total Student Hotel Charges

Total Expense Claimed _____

Submitted by _____

Budget Code _____

Principal or Department Director Approval _____

Business Office Approval _____