

Requested By: \_\_\_\_\_

Date: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

**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 # \_\_\_\_\_ @ \$10.00 = \_\_\_\_\_

Breakfast # \_\_\_\_\_ @ \$10.00 = \_\_\_\_\_

Lunch # \_\_\_\_\_ @ \$12.00 = \_\_\_\_\_

Lunch # \_\_\_\_\_ @ \$10.00 = \_\_\_\_\_

Dinner # \_\_\_\_\_ @ \$18.00 = \_\_\_\_\_

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 Rooms**

**Student Hotel Rooms**

# Nights # Rooms Room Rate Total

# Nights # Rooms Room Rate Total



Sub-Total

Sub-Total

City & Local Tax

City & Local Tax

**Total Student Hotel Charges**

**Total Sponsor Hotel Charges**

**Total Expense Claimed** \_\_\_\_\_

Submitted by \_\_\_\_\_

Budget Code \_\_\_\_\_

Principal or Department Director Approval \_\_\_\_\_

Business Office Approval \_\_\_\_\_

All Other Expenses will be reimbursed upon Return with Applicable Receipts.