

**BULLARD INDEPENDENT SCHOOL DISTRICT**

**Travel Authorization Form**

**(Submit at Least 2 Weeks Prior to Departure)**

**THIS IS AN ESTIMATE OF TOTAL EXPENSES - FORM MUST BE COMPLETED FOR ALL EXPENSES**

Name \_\_\_\_\_

Meeting Attending \_\_\_\_\_

Place of Meeting \_\_\_\_\_

Departure Date \_\_\_\_\_ Time \_\_\_\_\_  a.m.  p.m.

Return Date \_\_\_\_\_ Time \_\_\_\_\_  a.m.  p.m.

**Conference Registration**

Name of Conference \_\_\_\_\_

Conference address \_\_\_\_\_

\$ \_\_\_\_\_

**Attach conference/event agenda and completed registration form**

**Send check in advance?**

**Lodging**

Name of hotel \_\_\_\_\_

Address of hotel \_\_\_\_\_

\$ \_\_\_\_\_

**Date check needed** \_\_\_\_\_

**Meals**

Breakfast # \_\_\_ @ \$ 8.00 \$ \_\_\_\_\_

Lunch # \_\_\_ @ \$ 8.00 \$ \_\_\_\_\_

Dinner # \_\_\_ @\$14.00 \$ \_\_\_\_\_

\$ \_\_\_\_\_

Adjust as necessary for meals provided by event/hotel

Meals will not be paid in advance

**Mileage**

Miles from origin to destination \_\_\_\_\_ @.535

\$ \_\_\_\_\_

**Reimbursement will be paid after trip and only if school vehicle is not available.**

**Student Travel**

Payable to \_\_\_\_\_

Meals # \_\_\_ @ \$ 8.00

\$ \_\_\_\_\_

**Date check needed** \_\_\_\_\_

\$ \_\_\_\_\_

**Total Estimated Cost of Trip**

**I have read and accept responsibility for compliance with the Bullard ISD Travel Guidelines.**

**EMPLOYEE NOTE: I hereby give BISSD authority to deduct the advanced business expenses from my payroll check if I fail to submit receipts as required. (IRS Regulation)**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Account Number to be Charges

\_\_\_\_\_  
Principal/Director Date

\_\_\_\_\_  
Business Manager Date

\_\_\_\_\_  
Superintendent Date