## Hereford Independent School District STUDENT TRAVEL REQUEST FORM

Please attach a copy of this form to EACH purchase order requisition and transportation request

| Type of Travel   | Beyond District □Other   |
|--|--|
| Name of Activity and Destination   |  |
| Staff Attending (10:1 ratio required)  |  |
| • • •  | Number of Students   |
| The following information is required:   |  |
| Mileage or Airfare (If using a district vehicle/bus, attach a copy of this form to your transportation request. All district travel compensation is paid at "best rate", the lower of airfare or mileage.) | School Vehicle: $\square$ # of Buses $\square$ # of Vehicles  Approximate expense:  Air Travel: $x = \square$ # persons $\square$ fare $\square$ Total   |
|  | Attachment needed.   |
| <b>Room(s)</b> (\$85/person is state limit – we pay no Texas state tax, we do pay all city taxes and out of state taxes – attach all documentation   | $\frac{x}{\# \text{ nights}}  \text{rate}  x  x = \frac{x}{\# \text{ rooms}}  \text{Total}$ Receipts/Attachments needed.   |
| Staff Meal(s)  | Breakfast         10.00 x         x         =         =           Lunch         13.00 x         x         =         =           Dinner         17.00 x         x         =         =           # persons         # days         subtotal           Itemized receipts needed.         Total |
| Student Meal(s)  | Meals 8.00 x x x = =<br># of meals # persons Total   |
| Registration or Entry Fee (Attach all registration forms)  | # persons x =<br># persons amount Total  Attachments needed.   |
| Miscellaneous (These items are reimbursed with receipts: Rental car, taxi, shuttle, parking, other. Books and materials are campus items – plan ahead with a PO)   | Receipts/Attachments needed.   |
| <b>Total</b> (It is the responsibility of the requestor to complete all arrangements & arrange for payment/invoice/check/etc.)   |  |
| Amount of Advance Requested (Checks are written on Thursday only)  | Amount: Payable to: Amount: Payable to: Amount: Payable to:  |
| For Field Trips Only: What is the CIP/DIP/NCLB Goal or other Reason for this trip? How does this trip improve student achievement?   |  |
| *Requested by  |  |
| Supervisor (Principal / Director)  | Date   |
| If more than 150 miles (Superintendent)  | Date   |
| Account Code(s)  | Person completing code(s)  |
| -  | <del></del>  |

<sup>\*</sup>By signing and submitting this Travel Request you agree to and have full understanding of the HISD Travel Policies and Procedures.